

**EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME  
ON KNOWLEDGE REGARDING PREVENTION OF SEXUAL  
ABUSE AMONG THE FEMALE CHILDREN IN A  
SELECTED SCHOOL, SALEM.**

**By**

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IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE  
DEGREE OF MASTER OF SCIENCE IN NURSING  
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## **CERTIFICATE**

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**The happier person is one that acknowledges and accepts life won't get any better than this.”**

**Anthony Liccione**

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## **ABSTRACT**

A Study was done To Assess the Effectiveness of Structured Teaching Programme on knowledge regarding Prevention of Sexual abuse among the Female Children in a Selected School, Salem. A quantitative evaluative research approach with pre-experimental (one group pre test post test) design was conducted among 60 female children in 6<sup>th</sup> to 10<sup>th</sup> standard, who were selected by systematic random sampling technique from Sri Vidya Mandir Matriculation Higher Secondary School, Salem. Data was collected from 05.08.2013 to 30.08.2013. A semi structured questionnaire was used to assess the knowledge of the female children and a pretest was conducted. The investigator taught the female children regarding the prevention of sexual abuse by using powerpoint slides. On the 7<sup>th</sup> day post test was conducted to assess the knowledge of the female children regarding the prevention of sexual abuse. Data was analyzed by using descriptive and inferential statistics.

Pre test level of knowledge regarding prevention of sexual abuse, showed that 48(80%) of female children had inadequate knowledge, 12 (20%) had moderately adequate and none of them had adequate knowledge. During the post test the female children 26(43.3%) had adequate knowledge, 34(56.7%) had moderately adequate knowledge and none of them had inadequate knowledge regarding sexual abuse. The overall pre test mean score was  $10.55 \pm 3.13$  which was 39.07% and the post test mean score was  $18.9 \pm 4.46$  which was 70% revealing a difference of 30.93%. Highly significant difference found between pre and post test scores of level of knowledge in all the areas and in the overall level of knowledge at P 0.001 level ( $t = 15.8$ ). There was no significant association between the knowledge regarding prevention of sexual abuse among female children and with their selected demographic variables at P 0.05 level. This study revealed that the effectiveness of structured teaching programme regarding the prevention of sexual abuse was an effective intervention to increase the knowledge of female children.

## CHAPTER - I

### INTRODUCTION

*“Children are the Heritage & Reward from the Lord”*

*(Psalm 27:3)*

Today's society is complex and ever-changing and the children must cope up with the current demands. They occupy a special place as a vulnerable class within human rights protections. They need special protection because of their tender age and fragile state of development. Children because of their powerlessness are readily susceptible to abuse and neglect, and often do not have means to defend themselves.

**(Dorothy R Marlow, 2009)**

Pediatricians are the professionals most concerned about the well-being of the child, in addition to being a respected group in the society. They are often the first contact of a child who has suffered abuse. In the outpatient or casualty, whenever a case of child abuse comes, its severity may often be determined or fail to recognize it. The pediatrician can only recognize all such cases, when he/she considers every child seen by him/her potentially at risk of either abuse or neglect. **(Parthasarathy.A, 2010)**

Sexual abuse of children is a real problem in India, and now India has become one of the hottest child sex tourism destinations. The situation is aided by the absence of effective legislation and the silence that surrounds the offence. In India, child abuse exists in many forms, but the laws are still ambiguous and most children suffer in silence. Our country, which places a high premium on chastity of women and yet has the largest number of child sex workers in the world, there is no single, specific definition of child abuse. **(Pinki Virani, 2006)**

Child sexual abuse in India is often a hidden phenomenon especially when it happens in the home or by family members. Children in India are often higher dependent on their parent and elders. Numbers of cases of child abuse in the home are hard to attain because most of these crimes go unreported due to the fear of social stigma and parents are afraid that it would affect their child's future. **(Kaur Mistra, 2010)**

The roots of child sexual abuse are wide-spread and are connected to many other social ills. Persons who recover from the effects of being sexual abuse have many positive factors in their lives that help them cope up, adapt and overcome the effects of abuse. Almost any effort the child and parent well-being contributes to prevention. Parent support programs have positive effects and go beyond the prevention of child sexual abuse. Healthy and appropriate sex education and programs for the parents and children to improve their beliefs will contribute to the prevention of sexual abuse. **(Nelson S, 2011)**

#### **Need for the Study:**

Vulnerability refers to the capacity for self protection. The children are more vulnerable because they don't have the capacity to protect them and are not able to meet the challenges and basic needs of life. The child's vulnerability depends upon the age, physical and mental disability, powerlessness, defenselessness, illness. **(Fernandez, C.E, 2003)**

Every year, an estimated 226 millions of children are born in the world and in that 12 millions are female children. About 27 million children are born each year in India. **(UNICEF Statistics, 2011)**

In India, child abuse statistics shows 69% of Indian children are victims of physical, emotional and sexual abuse (2 out of 3 children). 68% of children had faced

physical abuse and 46.6% faced severe abuse leading to injuries. More than 53% children report facing one or more forms of sexual abuse, 22% faced severe sexual abuse, 6% sexually assaulted, 32.2% had their private parts touched by the abuser 20% were forced to have sexual intercourse. In that 50% of sexual offenders were known to the victim or were in positions of trust (family member, close relative, friend or neighbor). Severest sexual abuse in age group of 11-16 years and 73% of sexual abuse victims were in age groups of 11-18years. **(Vincent Iannelli, 2012)**

According to Child Abuse Prevention Research centre estimated 1,530 were known to have died as a result of child maltreatment, which is an average of 4 children each day of the year. When looking at the types of maltreatment that accounted for the fatalities, the breakdown is as more than five children die every day as a result of child sexual abuse. Approximately 80% of children died from sexual abuse were under the age of 8-16 years. More than 90% of juvenile sexual abuse victims know their perpetrator in some way. **(Lois J. Engelbrecht, 2011)**

Child sexual abuse can have a number of effects such as physical and psychological with short and long term problems. Early identification and effective intervention can ameliorate the initial effects and long-term consequences of child sexual abuse and promote the recovery of victims. The short term psychological effects include fear, guilt and shame, isolation, betrayal, anger, sadness and powerlessness. It also causes medical problems such as Sexually Transmitted Infections, pregnancy or physical injuries etc and also the behavioral problems such as aggression, clinginess, phobias, eating and sleeping disorders, school problems and school refusal. In the long term the child may experience depression, social isolation, eating disorder, sexual difficulties, parenting problems, poor social skills, post traumatic stress disorders. **(Tom Kyle, 2011)**

Indian Ministry of Women and Child Development (MWCD) reported that millions of girls worldwide are being sexually abused within their homes and outside especially in school environment and they are abused by known persons only. Most of the cases are not reported due to the social stigma and parents are afraid that it would affect their child's future. The victims are referred for psychiatric opinion and the psychological support will be given to the family members also. **(Asha Bajpai, 2010)**

There is, at present, neither a comprehensive law nor a policy to deal with child sexual abuse in India. Legal intervention is presently in the form of investigations which start with registration of offences under the Juvenile Justice (Care & Protection of Children) Act, 2000 or the Indian Penal Code. The ordinary criminal laws are totally inadequate to protect the children, who are victims of sexual abuse. These sections do not include the common forms of child sexual abuse or their impact on the children. So the rates and incidence of child sexual abuse were increased **(Rafael Jimenez, 2011)**

Nurses especially the school health nurse have a role in promoting a healthy generation of children those who are looked after and protected by caregivers and not by caretakers. As the result of nurses advocating healthy care giving and healthy relationships children may never need to suffer from inhumane and denigrating acts against them. Nurses have no excuse for being unable to imagine child sexual abuse. Nurses have a genuine role in offering therapeutic care to victims and survivors. Nurses need to be sensitive to patterns and injuries that indicate maltreatment and to stay current with the research, clinical practice, laws and regulations. **(Smyth A, 2011)**

So many Comprehensive education programs for children should include all types of sexual abuse and sex crimes against children, including sexual assault in

dating relationships, statutory sex crimes between youth and adults, and newer and conventional kinds of sex offences that are being facilitated by the Internet. But there was no declination in the crime rate. The education campaigns should be developed that encourage adults close to a child and observers to take action rather than depending solely on the skills and competence of the child. It should also promote strategies that change societal beliefs and attitudes toward child sexual abuse and reduce victim blaming. **(Peter Jaffe, et.al, 2010)**

The female children who are going to the school more suffer from sexual abuse. So all female children of this age group should be educated regarding how to prevent abuse on them and more over encourage them to report any sexual harassment towards them. The education helps them to prevent sexual abuse towards them. The present study focused on the female children who are at the age group between 10-16 years. The researcher conducted this study because there are too many studies have been done on sexual abuse and its effects on different aspects, but limited in providing education to them how to prevent it. The female children need to have adequate knowledge on types of abuses, personnel to whom they have to report the abuse and different ways to protect them from sexual abuse. Thus, we can prevent the sexual abuse against the female children, which helps to create healthy children for the development of healthy nation.

#### **Statement of the Problem:**

A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge regarding Prevention of Sexual Abuse among Female children in a selected school, Salem.



**Objectives:**

1. To assess the existing knowledge on prevention of sexual abuse among female children.
2. To assess the effectiveness of structured teaching programme on knowledge regarding prevention of sexual abuse among female children.
3. To associate the post test knowledge score regarding prevention of sexual abuse among female children with their selected demographic variables.

**Operational Definitions:****Effectiveness:**

It refers to the gain in knowledge on prevention of sexual abuse among female children as measured by significant difference between the pretest and posttest scores.

**Structured teaching programme:**

It refers to a systematically planned and organized teaching activity in the powerpoint slides. Each slide is a single page of presentation created with the software. The presentation is composed of several slides to impart knowledge on prevention of sexual abuse among female children such as its causes, signs and symptoms, and preventive measures.

**Knowledge:**

It refers to the correct response of the female children to the questions on prevention of sexual abuse measured by using structured questionnaire.

**Sexual abuse:**

It refers to the involvement of developmentally immature children and adolescents in sexual activities, to which they are unable to give informed consent, or that have violated the social taboos of family roles.

**Female children:**

The female children who are between the age group of 10-16 years.

**Assumptions:**

- ❖ The female children may have some knowledge regarding the prevention of sexual abuse.
- ❖ The level of knowledge regarding prevention of sexual abuse among female children may differ according to their demographic variables.
- ❖ An educational programme on sexual abuse may improve the knowledge of female children.

**Delimitations:**

- ❖ The finding of this study was limited to the female children in the age group of 10-16 years.
- ❖ The sample size was limited to 60.
- ❖ The study period was limited only to 4 weeks.

**Hypotheses:**

- H<sub>1</sub>:** There will be significant difference between pre test and post test knowledge score of female children regarding prevention of sexual abuse at p 0.001 level.
- H<sub>2</sub>:** There will be significant association between the post test knowledge score among female children regarding prevention of sexual abuse and their selected demographic variables at p 0.05 level.

**Projected Outcome:**

This study would evaluate the effectiveness of structured teaching programme regarding the knowledge on prevention of sexual abuse. This study would help the

female children of the age group 10-16 years to improve their knowledge regarding the prevention of sexual abuse.

### **Conceptual Frame Work:**

Conceptual framework presents logically constructed concepts to provide general explanation of relationship between the concepts of research study. The present study is based on the concept of providing structured teaching programme regarding prevention of sexual abuse among female children. The investigator adopted Widenbach's Helping Art of Clinical Nursing Theory (1964). This theory has 3 steps which include:

- Step – I:** Identifying the need for help.
- Step – II:** Ministering the needed help
- Step – III:** Validating that the need for help was met.

This theory consists of 3 factors central purpose, prescription & realities.

#### **Step –I: Identifying the need for help**

This involves determining the need for help. The investigator identified the need for preventing the sexual abuse among female children.

#### **Step – II: Ministering the needed help**

This refers to the provision of requiring helps for the identified need. It has 2 components:

- 1) Prescription
- 2) Realities

#### **Prescription:**

It involves the plan of care to achieve the purpose. This include the structured teaching programme regarding prevention of sexual abuse among female children.

**Realities:**

It refers to the factors that come into play in a situation involving nursing actions in the particular situation. It includes:

Agent : The investigator is the agent.

Recipient : Recipient is the female children.

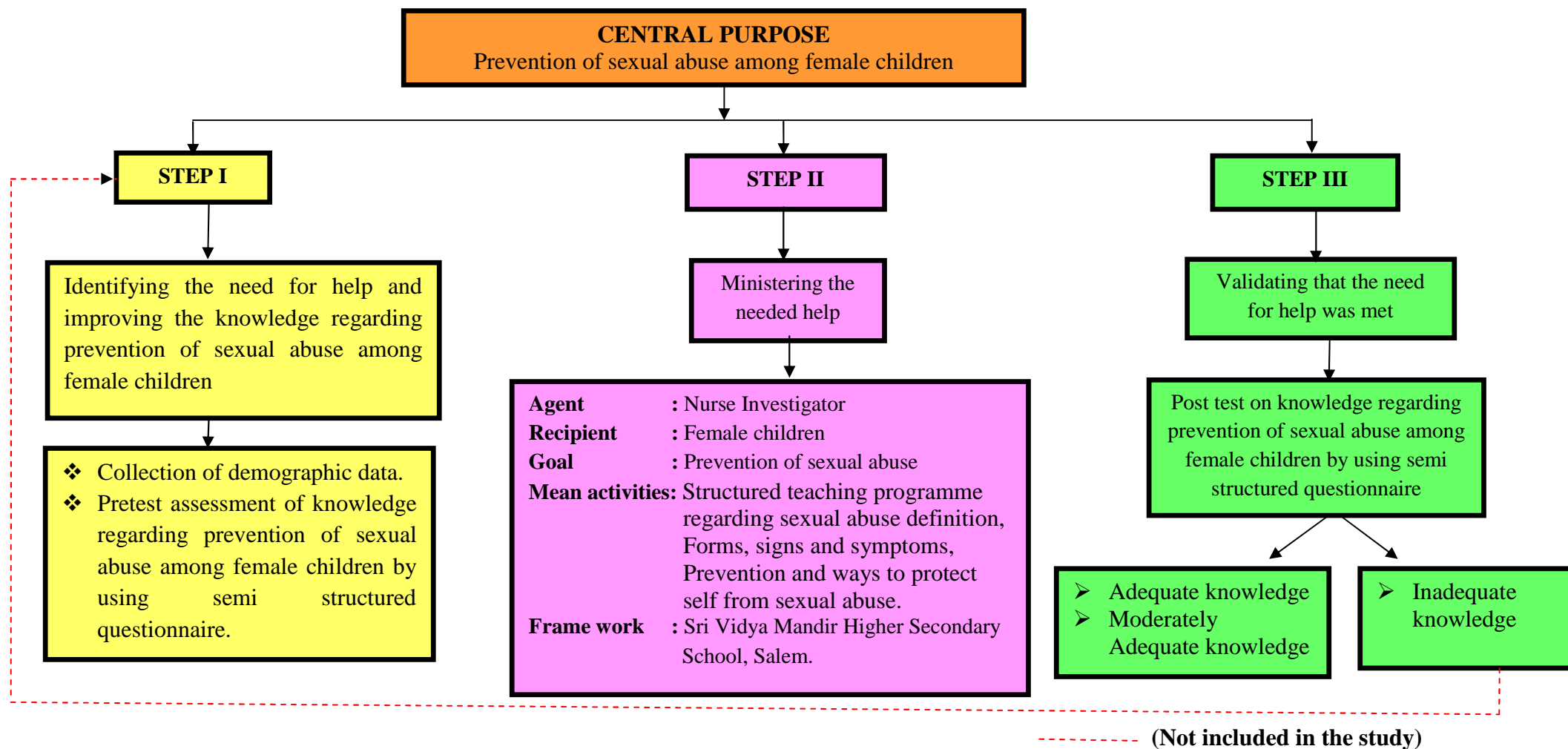
Goal : Prevention of sexual abuse among female children.

Means & Activities: Providing structured teaching programme on prevention of sexual abuse by using powerpoint slides which contains definition, forms, signs and symptoms, prevention and ways to protect self from sexual abuse.

Framework : Sri Vidya Mandir Matriculation Higher Secondary School Salem.

**Step –III: Validating that the need for help was met.**

This is accomplished by means of post test on knowledge regarding prevention of sexual abuse among female children by using a structured questionnaire.



**Figure-1.1: Conceptual Framework based on Widenbach's Helping Art of Clinical Nursing Theory (1964) on effectiveness of structured teaching programme regarding prevention of sexual abuse among female children**

**Summary:**

This chapter dealt with introduction, need for the study, and statement of problem, objectives, operational definitions, assumptions, hypotheses, delimitations, projected outcome, and conceptual frame work.

## **CHAPTER – II**

### **REVIEW OF LITERATURE**

The task of reviewing literature for research involves the systematic identification, selection, critical analysis, and written description of existing information on the topic of interest. It is usually advisable to undertake a literature review on a subject before actually conducting a research project. Such a review can play a number of important roles. **(Polit D.F. and Hungler, 2003)**

In this chapter, literature was reviewed theoretically, empirically and is organized as following heading,

- I. Literature related to sexual abuse among children
- II. Studies related to sexual abuse of female children
- III. Studies related to any interventional programmes on sexual abuse among female children
- IV. Studies related to structured teaching programmes on sexual abuse.

#### **I. Literature related to sexual abuse among children:**

It is a fact that millions of girls and boys worldwide are being sexually abused within homes and outside. They are abused by families and known persons. In India child marriages are also a form of child sexual abuse. There is, at present, neither a comprehensive law nor a policy to deal with child sexual abuse in India. Legal intervention is presently in the form of investigations which start with registration of offences under the Juvenile Justice (Care & Protection of Children) Act, 2000 or the Indian Penal Code. But the ordinary criminal laws are totally inadequate to protect the children, who are victims of sexual abuse. **(Mercy .A. James, Child Sexual Abuse and Law, 2011)**

The prevention of child sexual abuse has three levels such as primary prevention secondary prevention and tertiary prevention. The primary prevention of sexual abuse begins with teaching the names, function and significance of private parts. The children should be taught to say NO when they feel uncomfortable. Secondary prevention emphasis on early detection, quick intervention and provision of a supportive environment in schools and families and the tertiary prevention should involve coordination among the police, courts, counsellors, doctors and social workers. This will helps to prevent many emotional problems and will help the child to lead normal life. **(Vicky R Bowdens, 2010)**

Sexual abuse is one of the most devastating types of child maltreatment, and exploits children for sexual gratification. Now a day, not only to the girls, the boys are also the victims of sexual abuse. Unfortunately most of the offenders of sexual abuse cases are relatives or known person to the child. The offenders can be from all level of the society the effects of sexual abuse in children will leads to short term and long term complications in children. **(Marilyn J. Hockenberry, et.al., 2009)**

The effects of the sexual abuse of children are physical and psychological. The child may experience either, neither or both types of effects. The main physical problems of sexual abuse victims are vulnerable diseases, other vaginal or anal infections, trauma and pregnancy. Early detection and the treatment may help to prevent further complications. Pregnancy is the physical effect but will have some psychological effects also. The degree of the psychological squeal from sexual abuse depends on several factors such as the impact of victim is greater with increasing age, nature of offense, offender's relationship to the child, reaction of family members etc. Teens and school children are seems more vulnerable due to their emotional and sexual development. **(Susan Calvert, et al., 2006)**



Violence against children can take many forms; one of the most common among that was child sexual abuse. Awareness on the problem of child sexual abuse is increasing even though the cases are being reported. Many children who are sexually abused are under the age of 12-13 years who are going to schools. The factors that increase the risk for sexual abuse are absence of natural father or having a stepfather, being female, mother's employment outside the home, poor relationship with parents, parental substance abuse and isolation. In most of the cases the abusers often threaten to harm or kill the child or other family members if the child discloses the abuse. (Jane Ball, et al., 2003)

## **II. Studies related to sexual abuse of female children:**

A descriptive study was conducted among the mothers in Uttar Pradesh with the objective to assess the level of awareness and knowledge regarding child sexual abuse and neglect so that the action can be taken to create the awareness and thereby to protecting the rights of children. The sample size was 50 mothers who have children less than 15 years. The data are collected by giving the structured questionnaire. The majority of mothers have very low awareness regarding the child sexual abuse. But there was an association found at the knowledge level and the education of mothers the score was  $47.33 \pm 11.4$ . The study concluded that the child sexual abuse and neglect can be prevented by conducting some educational programme to create the awareness among the public. (Sudha. R, 2011)

A study was conducted to find out the risk factors associated with sexual violence towards girls. The objective of the study was to explore the risk factors for sexual violence in childhood. The sample size was 1244 girls of the age group between the 12-20 years. The association between childhood sexual violence and several potential demographic and social risk factors was explored through vicariate

and multivariate logistic regression. The results shows the respondents who had been close to their biological mother as children, those who had not been close to her had higher odds of having experienced sexual violence [ $t=1.89$  ( $p<0.05$ )]; those who had no relationship with mothers at all [ $t=1.93$  ( $p<0.05$ )]. The children who were not attending school at the time of the study [ $t=2.26$  ( $p<0.05$ )]; who were emotionally abused as children [ $t=2.04$  ( $p<0.05$ )]; and who knew of another child who had been sexually abused [ $t=1.77$  ( $p<0.05$ )]; or having sex with teacher [ $t=2.07$  ( $p<0.05$ )]. The child hood sexual violence was positively associated with the number of people respondent had lived with any one time [ $t=1.03$  ( $p<0.05$ )]. This study concluded with the suggestion that a strong mother-daughter relationship may protect a girl from experiencing sexual violence. **(Matthew J Breeding, et.al., 2011)**

A study on child abuse in India conducted by the ministry of women and Child Development acknowledges that child sex abuse takes place in school. One out of two children in schools has sexual abuse. And overall, more boys (1244) than girls (1046) face various forms sexual abuse such as ranging from inappropriate touch (564), exposure to pornography(213) or violent sexual assault(958). It was found that the abuser could be from the peer group or an older student. Senior students often bring pornographic material to school and may force a younger boy to look at it to titillate them. **(Loveleen Kicker, 2011)**

A study was conducted among school going children in Chennai regarding child sexual abuse. The study was conducted with a view to find out the knowledge on child sexual abuse and with the aim breaking the silence around the issue, dispelling certain myths and providing research based information on child sexual abuse. The major findings of study were out of the total of 2211 respondents, 42% children faced at least one form of sexual abuse or the other. Among respondents,

48% of boys and 39% of the girls faced sexual abuse. The prevalence of sexual abuse in upper and middle class was found to be proportionately higher than in lower or in lower middle class [ $t=1.03:2.45(p<0.05)$ ]. Sexual abuse was found to be prevalent in both joint and nuclear families. Majority of the abusers were people known to the child and strangers were a minority [ $t=2.89(p<0.05)$ ]. Sexual harassment in public places and exhibitionism was higher by strangers [ $t=1.67(p<0.05)$ ]. Sexual abuse of children was very often a pre-planned insidious abuse of a relationship by an abuser over the child. **(Chhayya Prasada, 2010)**

A longitudinal study was conducted to find out the impact of sexual or physical abuse on chronic depression in adolescent mothers. This investigation explored the impact of childhood history of physical or sexual abuse perinatal depressive symptoms, suicide attempts, and maternal behaviours. The samples of the study were 95 adolescent mothers. The data were collected through structured interview schedule and kept under confidential. In the 95 participants 56% (43) were reported a history of physical abuse and 23% (22) were reported for sexual abuse. 17%(16) were both physical and sexual abuse. In most of mothers were suffered from chronic depression and underwent treatment during the antenatal and post partum period. The scores as 21.7% no incidents, 22.8%, one; 26.1% two; 14.1% three; and 15.2% were four incidents. The chronic depressive symptoms were higher for the abused group than the non abused group as measured by an independent sample t-test ( $t=-2.58; p=.01$ ). This study shows that the depressive symptoms put young mother at risk for impaired mother child relationship. **(Janna Lesser, 2000)**

### **III. Studies related to any interventional programmes on sexual abuse among female children:**

An interventional programme was conducted for the children those who have developing disabilities and learning problems. The objectives of the programme were to increase recognition and avoidance of sexually threatening and abusive situations. Three skills were stressed in the programme such as recognition of potential exploitive relationships, assertiveness and taking action. A video offers 12 stories that introduce the concepts and that are then reinforced through role-playing about taking positive action. 56 students along with their parents were participated in the programme and the knowledge and the skills are assessed through the observation and interview schedule. In the pre-test the knowledge and practice score 67(82.34%) and 72(89.24%) were decreased to 12(23.48%) and 6(14.8%). The parents also given suggestions to improve the skills of their disabled children and found that the programme was very useful to those children to protect them from the society. **(Santa Barbara, 2004)**

A video assisted study was conducted in Uttar Pradesh among school children named The Feeling Yes, Feeling No program. The study was developed with the objective of to identify different responses to being touched; how children can seek help if touch leaves them feeling no; and to identify some reasons why it is hard to tell about no feelings. The program consists of three instructional 15-minute interactive videos tapes. 272 children who are at the age group of 14-18 were participated in the study. The data was collected by structured questionnaire to assess their knowledge regarding the child abuse. In pre test 43(76.4%) have inadequate knowledge and 12(20.78%) has moderately adequate knowledge. In the post test 1(1.7%) has moderately adequate knowledge and 0% has inadequate knowledge. Computed 't' test

value is 24.714 is more than the table value which is statistically significant at 0.05 levels. Thus this interventional programme was effective to improve the knowledge of school children. **(Hazzard A, et.al, 2003)**

A workshop was conducted against child sexual abuse in Norway with the objectives to prevent physical, psychological, verbal and sexual abuse of young children. The programme offers for the school children, parents and teachers. The workshop provides the family parent in-service training sessions to improve the good communication between the children and parents, school staff training sessions, guided group discussions, role plays and narratives, peer support, self defense assist the children to learn self protection. 235 parents, 300 students and 150 school staff are participated in the workshop. After the workshop a survey was conducted to compare the knowledge to those who did not participate in the parent workshop, participating parents had a statistically significant greater knowledge of child sexual abuse concepts ( $2.48 \pm 0.67$ ), such as the physical signs associated with sexual abuse ( $1.15 \pm 0.86$ ), the forms sexual abuse ( $3.86 \pm 2.05$ ) children's feelings toward an abusive parent and victim characteristics ( $3.315 \pm 1.04$ ). Parents who participated in the workshop also gave significantly more appropriate intervention suggestions to a hypothetical sexual abuse scenario. **(Hebert.M.Lavoie, 2001)**

A body safety programme was conducted in schools to educate the younger children about the personnel safety, especially the child abuse. Formerly it is known as behavioral skill training programme. The programme aimed at developing personal safety skills, and increasing knowledge and skills related to preventing or reporting child sexual abuse using the techniques such as modeling, rehearsal, social reinforcement, shaping and feedback. The classroom teacher, a trained facilitator, or parent teaches the BST program to small groups of children using a script and picture

cards. 120 students participated in the study and groups of 4 to 10 allow each child time to practice the behavioural skills at a time. Key program concepts include the child as the boss of his/her own body, identifying private parts, distinguishing appropriate from inappropriate situations in which a bigger person looks at or touches their private parts, how to respond to inappropriate touch, and it is never a child's fault when they are abused. The effectiveness of the programme was assessed before and after the training through mock drill. In the pre test the score was 56(68.43%) of inadequate knowledge changed to 84(70%) of adequate knowledge and skill were changed to 3(12.67%). The comparison of skill (0.46) and knowledge(0.63) shows when knowledge increases skill also increases. Thus it found that program made significantly more gains sexual abuse knowledge and prevention skills in them. (Sandy Wurtele, 2001)

#### **IV. Studies related to structured teaching programmes on sexual abuse:**

A study was conducted to assess the effectiveness of structured teaching programme on prevention of child sexual abuse among mothers of in selected rural areas in Bijapur, with the objectives of assessing their knowledge before and after teaching. 50 mothers were participated in the study and selected through systematic sampling technique. Pre-test was conducted for the mothers and 38 (76%) of mothers has inadequate knowledge, 12(20%) of them have moderately adequate and none of them have adequate knowledge. The knowledge of sexual abuse in upper and middle class was found to be proportionately higher in middle than in lower class [ $t=3.03$ ;  $t=1.65(p<0.05)$ ]. The knowledge was less both joint and nuclear families. The education has major role in improving knowledge and found that more knowledge in graduate mothers than in illiterate mothers. [ $t=2.89$ ;  $t=1.67 (p<0.05)$ ]. The study shows that most of the mothers do not have adequate knowledge about child sexual

abuse and with the help of a teaching programme the knowledge can be improved. **(Kingslyraj .S, 2012)**

A study was conducted among the anganawadi workers to assess the effectiveness of structured teaching programme on child abuse in selected villages in Karnataka. The objectives of the study were to assess the knowledge in pre and post test scores and to associate with demographic variables. 50 workers were participated in the study and in pre test, 32 (53.33%) of the workers have moderately adequate knowledge regarding the child abuse and only 28(46.67%) have inadequate knowledge, and in the post test 42(70%) have adequate knowledge, 18(30%) have moderately adequate knowledge and no one has inadequate knowledge. The study concluded that ( $t= 3.36$  at  $p<0.05$ level) structured teaching programme was effective for improving the knowledge in workers. **(Girish.S, 2011)**

A comparative study was conducted to assess the effectiveness of structured teaching programme and booklet on child sexual abuse among parents in urban and rural areas in Bhopal. 100 samples were participated in the study. 50 parents from the urban and 50 parents from the rural area are selected through non probability convenient sampling technique. It shows mean gain 47.43 and found that the teaching was effective method to improve the knowledge of parents about child sexual abuse. The findings suggest that there were 80% of the parents gained adequate knowledge regarding the child sexual abuse. The structured teaching programme and booklet is a suitable method of instruction for educating the parents for disseminating the health information. **(Karuna.B, 2011)**

A quasi experimental study was conducted among the primary and middle school teachers to assess the effectiveness of structured teaching programme about the child abuse in selected schools, Maharashtra. The objectives of the study were to assess the knowledge in pre and post test score and to compare the pre and post test

knowledge of primary and middle school teachers. 6 primary and middle school teachers were participated in the study through convenient sampling technique. The knowledge was assessed through knowledge criteria check list. The result shows that the middle school teachers 32(53.3%) have moderately adequate knowledge than the primary school teachers. The findings suggest that there were 68.96% an increase of knowledge in primary school and 72.6% in middle school teachers. The study concluded that structured teaching programme was effective in improving the knowledge of teachers. (Shankarling S.R, 2006)

**Summary:**

This chapter dealt with literature related to sexual abuse among children, reviews related to sexual abuse of female children, reviews related to any interventional programmes on sexual abuse among female children and reviews related to structured teaching programmes on sexual abuse.



## CHAPTER - III

### RESEARCH METHODOLOGY

The methodology of research involves the steps and action to be taken and represents the thinking, beliefs and strategies of the researcher is and the logic of enquiry. **(Parashoo Kader, 2006)**

The present study aims to assess the effectiveness of structured teaching programme on knowledge regarding prevention of sexual abuse among female children in a selected school, Salem.

#### **Research Approach:**

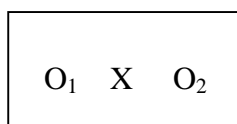
A research approach is the whole design, including the researcher's assumption, the process of inquiry, the type of data collected and the meaning of the findings. The quantitative approach to research involves the use of data collection methods such as questionnaires, structured observations, structured interviews, and a number of other measuring tools. **(Parahoo Kader, 2006)**

Quantitative evaluative research approach was adopted for this study

#### **Research Design:**

Research design is a master plan specifying the methods and procedures for collecting and analyzing the needed information. **(Basavanthappa. B.T, 2003)**

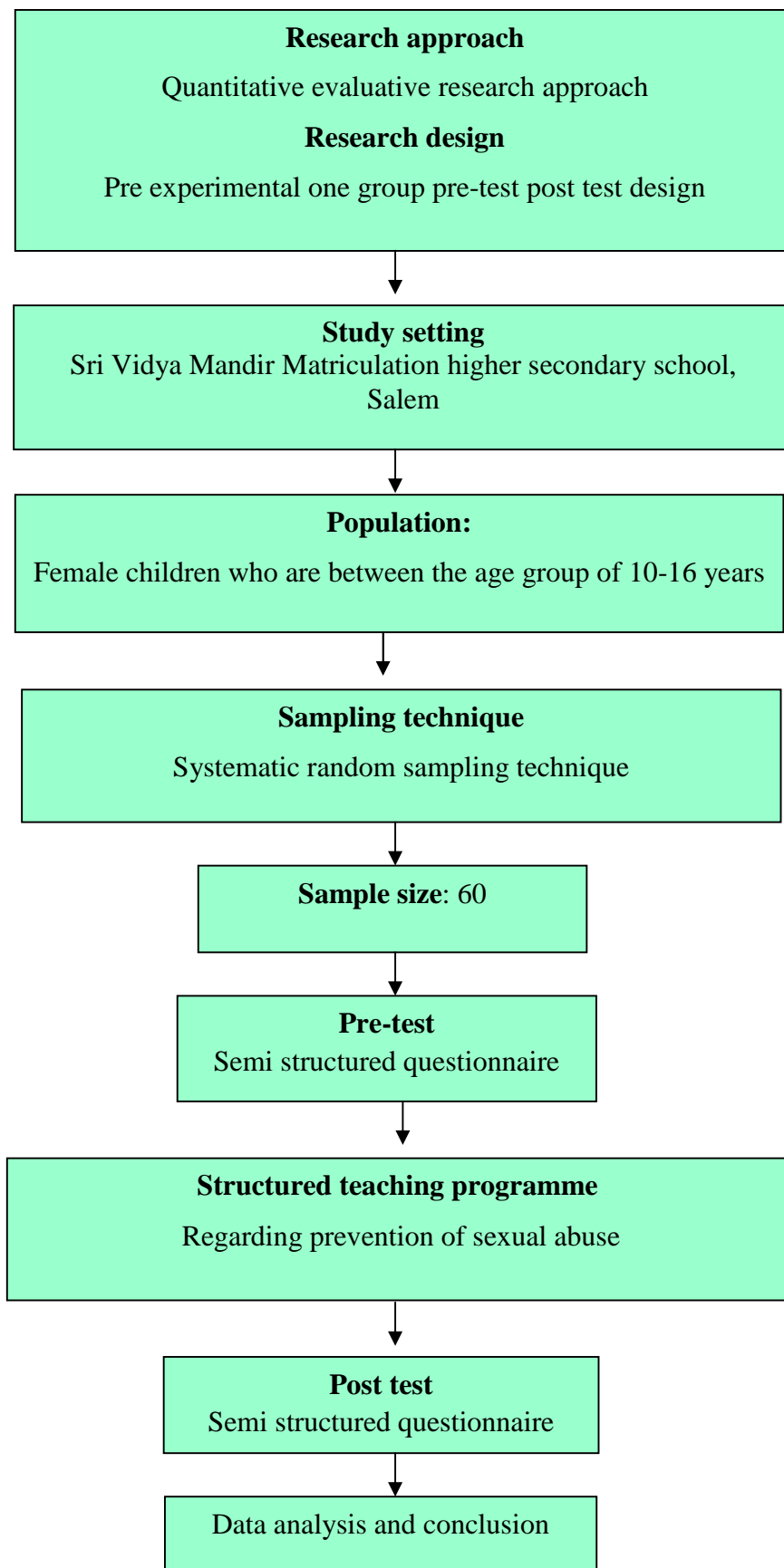
Pre experimental design with one group pre-test post-test design was used in this study



$O_1$ = Pre-test

X = Intervention (structured teaching programme)

$O_2$ = Post-test



**Fig.3.1: Schematic Representation of Research Methodology**

**Population:**

Population is defined as the entire set of individuals or objects having some common characteristics. **(Polit D.F & Beck Tatano, 2008)**

The population of the study was female children who are between the age group of 10-16 years. There were 128 female children studying in 6<sup>th</sup> to 10<sup>th</sup> standard in the selected school.

**Settings:**

Settings are the physical location and the condition in which data are collection takes place in a study. **(Polit D.F & Beck Tatano, 2008)**

The study was conducted in Sri Vidya Mandir Matriculation Higher Secondary school, Salem. It is 6 km away from Sri Gokulam College Of Nursing, Salem. In this school there are classes from 1<sup>st</sup> to 10<sup>th</sup> standard and both boys and girls are studying. 935 students are studying in this school, and in that 128 female children are studying in 6<sup>th</sup> to 10<sup>th</sup> standard. This school was selected on the basis on,

1. Geographical proximity
2. Availability of subjects
3. Economy of time and money access
4. Feasibility in terms of cooperation extended by the headmistress, the school teachers and the school children

**Sampling:**

Sampling is the process of selecting a portion of the population to represent the entire population. **(Polit D.F & Beck Tatano, 2008)**

**Sample:**

The sample of the study was the female children between the age group of 10-16 years who fulfill the inclusion criteria.

**Sample size:**

The sample size was 60 female children between the age group of 10-16 years.

**Sampling technique:**

Sampling refers to the process of selecting the portion of population to represent the entire population. **(Polit. DF, and Hungler, 2003)**

Systematic random sampling technique was adopted for selecting the samples for the study. Total number of female children from 6<sup>th</sup> to 10<sup>th</sup> standard was 128. The sample size was 60. The samples were selected based on the availability.

$$K = \frac{\text{Total number of samples}}{\text{Sample size}}$$

$$= 128/60 = 2.13$$

That means every 2<sup>nd</sup> female child was selected for the study.

First sample was selected using Simple random sampling technique (lottery method).

**Criteria for sample selection:****Inclusion criteria:**

The female children who

- ❖ are studying in the selected school
- ❖ are between the age group of 10-16 years.

**Exclusion criteria:**

The female children who

- ❖ are not willing to participate in the study.
- ❖ are absent at the time of data collection.

**Variables:****Independent variables:**

- Structured teaching programme on prevention of sexual abuse.

**Dependent variables:**

- Knowledge regarding prevention of sexual abuse

**Description of Tools:**

The tool to collect data from the selected samples consists of three sections such as

**Section – I: Demographic data**

Demographic variables including age, religion, residence, attainment of menarche, class studying, mode of transport to the school, previous knowledge regarding prevention of sexual abuse, sources of information, education of parents, occupation, hours spending with parents, communication with them.

**Section – II: Semi structured questionnaire to assess the knowledge regarding prevention of child sexual abuse**

Structured questionnaire on prevention of sexual abuse consists of introduction to sexual abuse, incidence and forms of sexual abuse, causes, effects and prevention of sexual abuse.

**Section III: Structured teaching programme on prevention of child sexual abuse.**

Teaching programme includes definition of sexual abuse, forms, and characteristics of abusers, at risk victims, methods to convince children into sexual activity, reporting personnel of the suspected child sexual abuse, signs and symptoms, management, prevention and protect yourself.

**Scoring procedure:**

There were 27 items in which introduction and incidence of sexual abuse had 5 items, forms of sexual abuse had 5 items, causes of sexual abuse had 2 items, effects of sexual abuse had 3 items and prevention of sexual abuse had 12 items. Each item had three options of which one is the correct response. All the correct answers were given the score of one and the wrong answers were given the score of zero. The total score for each sample is calculated, converted into percentages and interpreted as follows,

**Table-3.1: Scoring procedure**

Level of knowledge	Score	Percentage
Inadequate knowledge	1-12	<44%
Moderately adequate knowledge	13-19	45-70%
Adequate knowledge	20-27	71-100%

**Validity and Reliability:****Validity:**

Validity of an instrument refers to the degree to which an instrument measures what it is supposed to measure. **(Sharma Suresh K, 2012)**

Validity of the tool was obtained on the basis of opinion of medical and nursing experts (one medical expert from pediatrics, one medical expert from psychiatry and seven nursing experts. The tool was found adequate and minor suggestions given by the experts were incorporated.

**Reliability:**

Reliability refers to the degree of consistency or dependability with which an instrument measures an attribute. **(Polit and Hungler, 1998)**

Reliability of the tool was measured by test retest method. The investigator selected 5 female children from St. Joseph Matriculation Higher Secondary School, Salem through the systematic random sampling technique. The pretest was conducted

on 22.07.2013 by using the semi structured questionnaire regarding prevention of sexual abuse. After two days on 24.07.2013 posttest was conducted to the same group using the same semi structured questionnaire. The reliability coefficient obtained was  $r = 0.9$ , which shows that the tool was reliable.

### **Pilot Study:**

Pilot study was conducted to determine the feasibility of the study and modify the semi structured questionnaire. Pilot study was conducted from 29.07.2013 to 03.08.2013 in St. Joseph Matriculation Higher Secondary School, Salem. Validity and reliability of the tool were tested during this time. The investigator selected 6 female children from 6<sup>th</sup> to 10<sup>th</sup> standard through systematic random sampling technique. Pretest was conducted on 29.07.2013 for the children using a semi structured questionnaire. The investigator taught the children using powerpoint slide presentation. The post test was conducted on 03.08.2013 by using the same semi structured questionnaire. The tool administered was checked for its feasibility, language and appropriateness. The children chosen were similar characteristics to those of the population under study. The time taken for teaching was 30 minutes. The tool was found feasible and practicable. It is also helped to select suitable statistical method for analysis.

### **Method for Data Collection:**

#### **Ethical consideration:**

- Written permission was obtained from the Principals of Sri Vidya Mandir Matriculation Higher Secondary School and St. Joseph Matriculation higher secondary school, Salem.
- Oral informed consent was taken from the samples.

#### **Period of Data Collection:**

The data was collected for a period of 4 weeks from 05.08.2013 to 30.8.2013.

**Data Collection Procedure:****Pre test:**

The study was started on 05.08.2013. The investigator selected 60 female children from 6<sup>th</sup> to 10<sup>th</sup> standard through systematic random sampling technique. Good rapport was maintained with the children. After obtaining the permission from the Principal of Sri Vidhya Mandir Matriculation Higher Secondary School, 05.08.2013 the pretest was done for 60 samples with the help of semi structured questionnaire to assess the level of knowledge of female children regarding prevention of sexual abuse which took 30 minutes.

**Structured teaching programme:**

The female children were divided into four groups and were educated regarding prevention of sexual abuse by using powerpoint slides presentation. Each day 4 group which contains 5 female children was been taught by the investigator for three consecutive days. Duration of each session was around 20 minutes.

**Post test:**

The posttest was conducted on 23.08.2013 for 40 samples and 30.08.2013 for 20 samples by using the semi structured questionnaire.

**Plan for Data analysis:**

Descriptive statistics such as percentage mean and standard deviation was used to categorize the data. Inferential statistics such as paired't' test was used to assess the effectiveness of structured teaching programme on knowledge regarding prevention of sexual abuse and chi square test was used to associate the knowledge on prevention of sexual abuse with selected demographic variables of female children.

**Summary:**

This chapter consists of research approach, research design, setting, population, sampling, sample, sample technique, validity, reliability, and pilot study, method of data collection and plan for data analysis.



## **CHAPTER -IV**

### **DATA ANALYSIS AND INTERPRETATION**

Analysis is the process of the organizing and synthesizing data in such a way that question can be answered and hypothesis tested. (Polit D.F., and Hungler, 2003)

This chapter deals with analysis and interpretation of data collected to evaluate the Effectiveness of structured teaching programme on knowledge regarding prevention of sexual abuse among female children in a selected school, Salem. The collected data was tabulated, organized and analyzed by using descriptive and inferential statistics.

#### **Section- A:**

Distribution of female children according to their demographic variables.

#### **Section- B:**

- a) Distribution of female children according to pre-test score of knowledge regarding prevention of sexual abuse.

#### **Section- C:**

- a) Distribution of female children according to post test score of knowledge regarding prevention of sexual abuse.
- b) Comparison between the pretest and post test scores on knowledge regarding prevention sexual abuse.
- c) Comparison of areawise Mean, SD, Mean percentage, Difference in mean percentage of pre test and post test knowledge score regarding prevention of sexual abuse in female children.

#### **Section – D: Hypothesis testing**

- a) Effectiveness of structured teaching programme on knowledge of female children regarding prevention of sexual abuse in the selected school.
- b) Association between the post test knowledge score among female children regarding the prevention of sexual abuse and their selected demographic variables.

## Section - A

### Distribution of female children according to their demographic variables

**Table.4.1:**

**Frequency and percentage distribution of female children according to their biological variables.**

**n=60**

Sl. No	Biological variables	Frequency (f)	Percentage (%)
1.	Age (in years)		
	a) 10-12	17	28.3
	b) 12-14	29	48.3
	c) 14-16	14	23.4
2.	Attained menarche		
	a) Yes	35	58.3
	b) No	25	41.7

Distribution of female children according to their age shows that highest percentage of the female children 29(48.3%) are between 12-14 years of age 17(28.3%) of them are between 10-12 years of age and the lowest percentage of female children 14(23.3%) are between 14-16 years of age. This reveals that the highest percentage of female children is between the age group of 12-14 years of age. (Table 4.1)

Distribution of female children according to the attainment of menarche reveals the highest percentage of the female children 35(58.3%) have attained menarche and 25(41.7%) of them did not attain menarche. This depicts that a higher percentage of female children attained menarche. (Table 4.1)

**Table-4.2:**

**Frequency and percentage distribution of female children according to their selected demographic variables.**

<b>n=60</b>			
<b>Sl.No</b>	<b>Demographic variables</b>	<b>Frequency (f)</b>	<b>Percentage (%)</b>
1.	Class of studying		
	a) 6 <sup>th</sup> standard	9	15
	b) 7 <sup>th</sup> standard	20	33.3
	c) 8 <sup>th</sup> standard	14	23.4
	d) 9 <sup>th</sup> standard	8	13.3
	e) 10 <sup>th</sup> standard	9	15
2.	Religion		
	a) Hindu	56	93.4
	b) Muslim	2	3.3
	c) Christian	2	3.3
3.	Staying with		
	a) Parents	58	96.7
	b) Grand parents	2	3.3
4.	Hours spent by female children with their parents or grand parents		
	a) Less than 3 hours	12	20
	b) More than 3 hours	48	80
5.	Communication of female children with their parents or grand parents		
	a) Friendly	60	100
	b) Unfriendly	0	0
6.	Mode of transport to the school		
	a) Walking	6	10
	b) Auto rickshaw	12	20
	c) Own vehicle	20	33.3
	d) School bus	22	36.7
7.	Any previous source of information regarding prevention of sexual abuse		
	a) Yes	9	15
	b) No	51	85

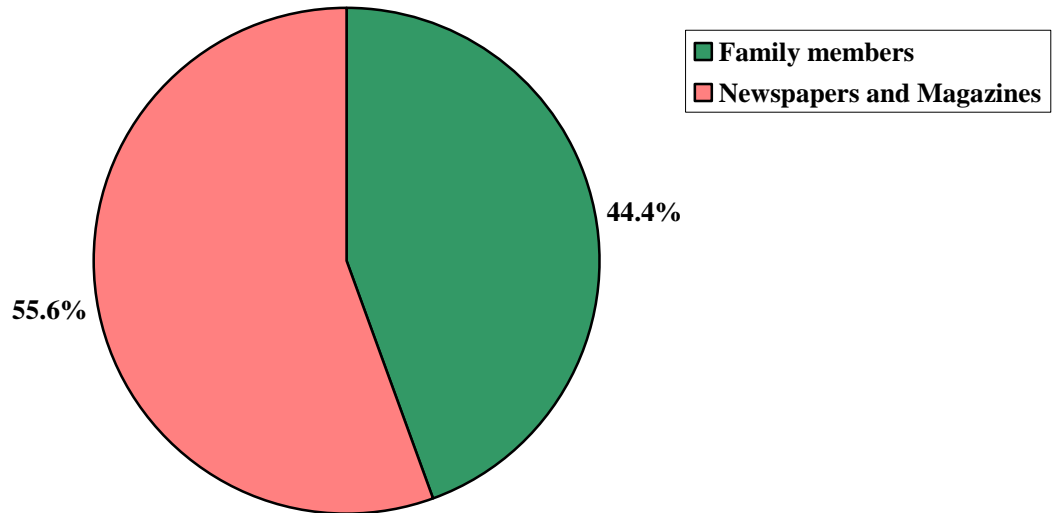
Distribution of female children according to their class of studying depicts that highest percentage of the female children 20(33.3%) are studying in 7<sup>th</sup> standard, female children 9(15%) studying in 6<sup>th</sup> and 10<sup>th</sup> standard shows the similar percentage, 14(23.4%) of female children are studying in 8<sup>th</sup> standard, and the lowest percentage 8(13.3%) of female children are studying in 9<sup>th</sup> standard,. This shows that a highest percentage of students are studying in the 7<sup>th</sup> standard. (Table 4.2)

Distribution of female children according to their religion shows that almost all of female children 56(93.4%) are Hindus, and the Christian 2(3.3%) and 2(3.3%) Muslims are similar in percentage. This depicts that the almost all of female children are Hindus. (Table 4.2)

Distribution of female children according to the persons with whom they stay, hours spent by female children with their parents and grandparents and communication of the female children with their parents and grandparents depicts that almost all of the female children 58(96.7%) are staying with parents, 2(3.3%) are stayed with their grandparents and none of them are staying with relatives. Most of them 48(80%) spends more than 3 hours with their parents or grandparents and 12 (20%) of female children spends less than 3 hours. All of them 60(100%) are friendly with parents or grandparents. This shows that the highest percentage of children were staying with their parents only, spends more than 3 hours and friendly with their parents or grandparents. (Table 4.2)

Distribution of the female children according to their mode of transport reveals that highest percentage of female children 22(36.7%) go to school by school bus, 6(10%) of them go to school by walking, 12(20%) of them by auto rickshaw and 20(33.3%) of them go to school in their own vehicle along with parents. This shows that a highest percentage of female children go to school by school bus. (Table 4.2)

Distribution of female children according to their previous knowledge regarding the prevention of sexual abuse shows that most of female children 51(85%) have no previous information regarding the sexual abuse and 9(15%) of them have previous knowledge. (Table 4.2)



**Figure 4.1: Percentage distribution of female children according to their previous knowledge regarding prevention of sexual abuse.**

The above figure shows that on further analysis of female children (n=9) who had previous knowledge regarding prevention of sexual abuse, a highest percentage 5(55.6%) of them got previous knowledge from newspapers and magazines and 4(44.4%) of them gain information from their family members.

**Table.4.3:**

**Frequency and percentage distribution of female children according to their selected demographic variables related to parents.**

**n=60**

<b>Sl.no</b>	<b>Demographic variables related to parents</b>	<b>Frequency (f)</b>	<b>Percentage (%)</b>
1.1	Education of father		
	a) Graduate	17	28.4
	b) Pre degree	11	18.3
	c) High school	21	35
	d) Middle school	9	15
	e) Elementary school	2	3.3
1.2	Education of mother		
	a) Graduate	11	18.3
	b) Pre degree	5	8.3
	c) High school	23	38.3
	d) Middle school	16	26.7
	e) Elementary school	5	8.3
2.1.	Occupation of father		
	a) Unemployed	4	6.7
	b) daily wager	4	6.7
	c) Private Employee	17	28.3
	d) Government Employee	10	16.7
	e) Business	25	41.6
2.2.	Occupation of mother		
	a) Unemployed	42	70
	b) daily wager	3	5
	c) Private Employee	8	13.3
	d) Government Employee	4	6.7
	e) Business	3	5

Distribution of female children according to the education of parents depicts that highest percentage of the parents, 21(35%) of fathers and 23(38.3%) of mothers have high school education, 17(28.4%) of father and 11(18.3%) of mothers are graduates, 11(18.3%) of fathers and 5(8.3%) of mother are pre degree, 9(15%) of fathers and 16(26.7%) of mothers are middle school, and the lowest percentage 2(3.3%) of fathers and 5(8.3%) of the mothers are elementary school and none of them are illiterate. This reveals that a higher percentage of parents have high school education. (Table 4.3)

Distribution of parents of female children according to their occupation of parents shows that majority of mothers 42(70%) are unemployed and highest percentage of fathers 25(41.6%) of fathers are doing own business. 4(6.7%) of fathers and 3(5%) of mothers are daily wagger, 17(28.3%) of fathers and 8(13.3%) of mothers are private employee, 10(16.7%) of fathers and 4(6.7%) of mothers are government employees and 3(5%) of mothers are doing business. This shows that a higher percentage of fathers are doing their own business and majority of the mothers are unemployed. (Table 4.3)



**Table-4.4:**

**Frequency and percentage distribution of female children according to their selected demographic variables related to family.**

**n=60**

<b>Sl.no</b>	<b>Demographic variables related to family</b>	<b>Frequency (f)</b>	<b>Percentage (%)</b>
1.	Type of family		
	a) Nuclear	36	60
	b) Joint	24	40
2.	Residence		
	a) Urban	46	77
	b) Rural	14	23

Distribution of female children according to their type of family and residence reveals that majority of female children 36(60%) belong to nuclear family, 24(40%) of them belong to joint family. Majority of them 46(77%) come from urban area and 14(23%) of female children come from rural area. This shows that a highest percentage of female children belong to nuclear family and come from urban area. (Table 4.4)

## Section- B

a) Distribution of female children according to pre-test score of knowledge regarding prevention of sexual abuse.

**Table-4.5:**

**Frequency and percentage distribution of female children according to pre-test score of knowledge regarding prevention of sexual abuse.**

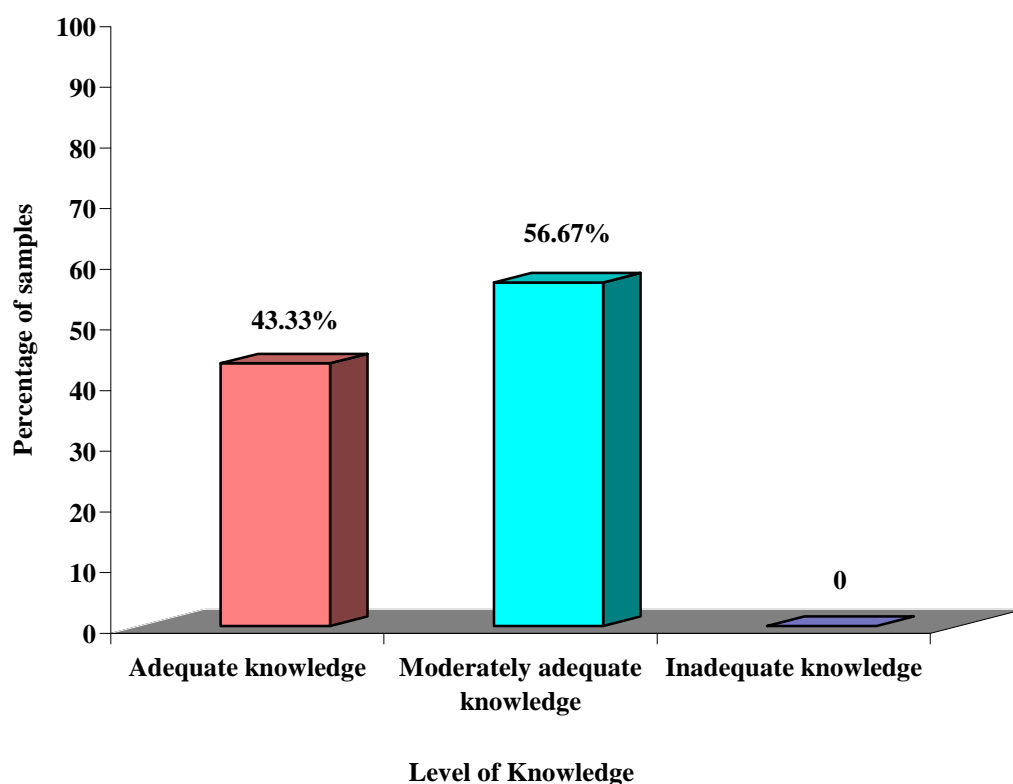
**n=60**

Sl no.	Knowledge	f	%
1.	Adequate knowledge	-	-
2.	Moderately adequate knowledge	12	20
3.	Inadequate knowledge	48	80

The above table shows that during pretest most of female children 48(80%) have inadequate knowledge regarding the prevention of sexual abuse, 12(20%) have moderately adequate knowledge and none of female children have adequate knowledge regarding prevention of sexual abuse. It reveals that female children need to improve their knowledge regarding prevention of sexual abuse.

### Section-C

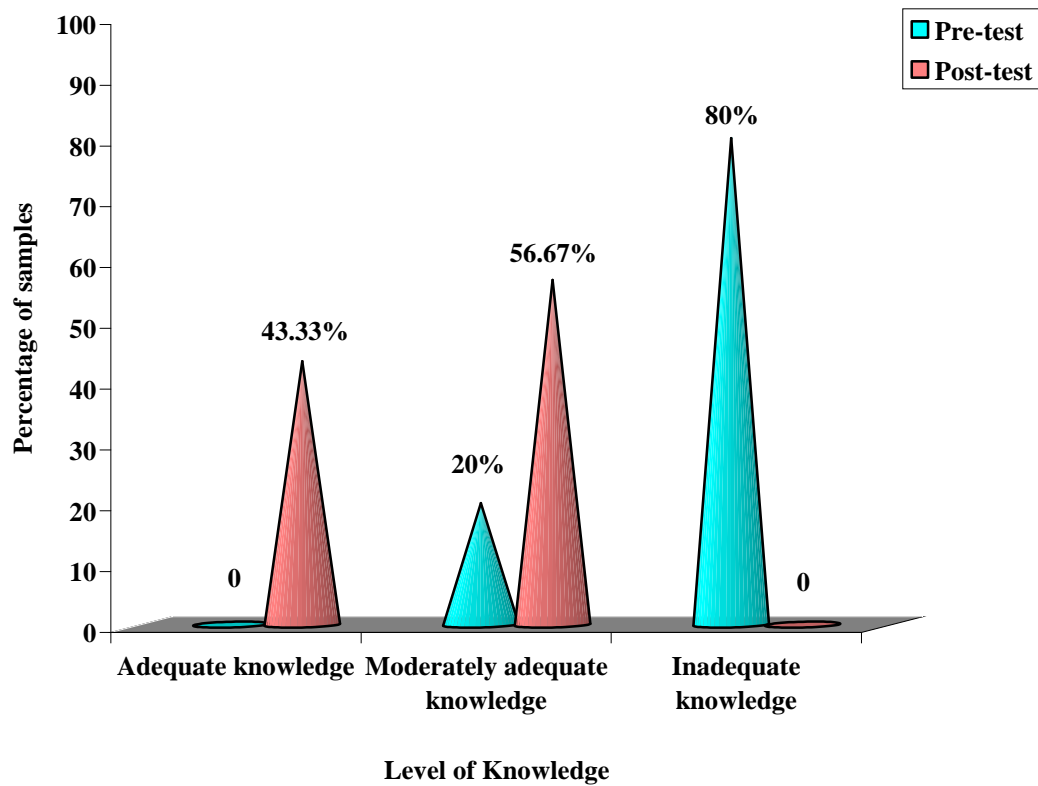
a) **Distribution of female children according to post test score of knowledge regarding prevention of sexual abuse.**



**Figure-4.2: Percentage distribution of female children according to post test score of knowledge regarding prevention of sexual abuse.**

The above figure 4.2 reveals that during posttest, female children 26(43.3%) have adequate knowledge, 34(56.7%) have moderately adequate knowledge and none of them have inadequate knowledge regarding prevention of sexual abuse. It shows the structured teaching programme on prevention of sexual abuse improves knowledge of female children.

**b) Comparison between the pretest and post test scores on knowledge regarding prevention sexual abuse.**



**Figure-4.3: Percentage distribution of female children according to their pretest and post test level of knowledge regarding prevention sexual abuse.**

The figure 4.3 shows that in post test 26(43.3%) of female children have adequate knowledge whereas in pre test none of them have adequate knowledge, 34(56.7%) have moderately adequate knowledge whereas in pre test 12(20%) of them have moderately adequate knowledge and none of them have inadequate knowledge but in pre test 48(80%) them have inadequate knowledge regarding prevention of sexual abuse.

c) Comparison of area wise Mean, Standard deviation, Mean difference and Difference in mean of pre test and post test knowledge score of female children regarding prevention of sexual abuse.

**Table-4.6:**

**Area wise Mean, Standard deviation, Mean difference and Difference in mean of pre test and post test knowledge score of female children regarding prevention of sexual abuse.**

**n=60**

Sl. no	Ares of Knowledge	Max Score	Pre test			Post test			Difference in mean %
			Mean	SD	Mean %	Mean	SD	Mean %	
1.	Introduction about sexual abuse	5	2.48	0.67	49.7	3.8	1.11	76	26.3
2.	Forms and incidence of sexual abuse	5	1.52	1.18	30.3	3.17	1.27	63.4	33.1
3.	Causes of sexual abuse	2	0.67	0.59	33.35	1.15	0.63	57.5	24.15
4.	Effects of sexual abuse	3	0.87	0.77	28.9	2.02	0.87	67.3	38.4
5.	Prevention of sexual abuse	12	5.1	1.75	42.5	8.77	1.74	73.08	30.58
<b>Over all</b>		<b>27</b>	<b>10.55</b>	<b>3.13</b>	<b>39.07</b>	<b>18.9</b>	<b>4.46</b>	<b>70</b>	<b>30.93</b>

The above table shows that during the post test the highest mean score which is 76% obtained in the area of “Introduction about sexual abuse” with the mean score (3.8±1.11), where as in the pre test the score is 2.48±0.67 revealing a difference in mean percentage of 26.3%. However the lowest difference in mean percentage (24.15%) obtained in the area of “Causes of sexual abuse” might be due to the lowest post test mean score (1.15±0.63) which is 57.5% with the maximum score of only 2.

The highest difference in mean percentage which is 38.4% obtained in the area of “Effects of sexual abuse” might due to lowest mean percentage in pre test (28.9%) and the maximum score is 3. (Table 4.6)

Further the overall pre test mean score is  $10.55 \pm 3.13$  which is 39.07% and the post test mean score is  $18.9 \pm 4.46$  which is 70% revealing a difference of 30.93%. (Table 4.6)

## Section – D

### Hypothesis testing

a) Effectiveness of structured teaching programme on knowledge of the female children regarding prevention of sexual abuse among in the selected school.

**H<sub>1</sub>:** There will be significant difference between pre test and post test knowledge score of female children regarding prevention of sexual abuse at p 0.001 level.

**Table-4.7:**

**Effectiveness of structured teaching programme on knowledge of the female children regarding prevention of sexual abuse among in the selected school.**

**n=60**

S. No	Knowledge	Maximum score	Mean	SD	't' value
1	Pre test	27	10.55	3.13	15.8*
2	Post test		18.9	4.46	

**\*Highly Significant at p 0.001 level, df=58, table value=3.237**

The above table shows that, highly significant difference found between pre and post test scores of level of knowledge regarding the prevention of sexual abuse among female children.

Hence it can be interpreted that the difference in the pre and post test mean score values of knowledge regarding prevention of sexual abuse is true difference and the hypothesis (H<sub>1</sub>) is retained. This reveals the effectiveness of structured teaching programme on knowledge regarding the prevention of sexual abuse among female children.

**b) Association between the post test knowledge score among female children and their selected demographic variable.**

**H<sub>2</sub>:** There will be significant association between the post test knowledge score among female children regarding prevention of sexual abuse and their selected demographic variables at p 0.05 level.

**Table-4.8:**

**Association between the post test knowledge score among female children and their selected demographic variables.**

**n=60**

Sl.no	Demographic variables	Df	t <sup>2</sup>	Table value
1.	Age	2	0.68	5.84
2.	Attained menarche	1	1.31	3.84
3.	Class of studying	4	5.99	9.49
4.	Staying with	1	0.03	3.84
5.	Hours spend spent by the female children with parents or grandparents	1	1.42	3.84
6.	Mode of transport to the school	3	1.38	7.82
8.	Any previous information regarding prevention of sexual abuse	1	2.34	3.84
9.	If yes, source of information	1	3.20	3.84
10.	Education of mother	4	4.09	4.49
11.	Occupation of mother	4	3.03	4.49
12.	Residence	1	0.10	3.84
13.	Type of family	1	1.42	3.84

**\*significant at p 0.05 level**



The table 4.8 shows that there is no significant association between the knowledge regarding prevention of sexual abuse among female children and with their selected demographic variables. Hence it can be interpreted that the differences in mean score of the post test related to the demographic variables were not true difference and only by chance the research hypothesis  $H_2$  is rejected ( $P > 0.05$  level).

**Summary:**

This chapter dealt with data analysis and data interpretation based on the objectives. Descriptive statistics such as percentage mean and standard deviation was used to categorizing the data. Inferential statistics such as paired 't' test was used to evaluate the effectiveness of structured teaching programme regarding prevention of sexual abuse. The chi-square test was used to find out the association between the knowledge regarding prevention of sexual abuse among female children with their selected demographic variables.

## **CHAPTER - V**

### **DISCUSSION**

The aim of this study was to assess the Effectiveness of Structured Teaching Programme on Knowledge regarding Prevention of Sexual Abuse among Female Children in a selected School, Salem.

#### **Description of demographic variables**

- Most of female children 29(48.3%) were in the age group of 12-14 years and 17(28.3%) were in the age group of 10-12 years of age.
- Majority of female children 35(58%) attained menarche.
- Most of the female children 20(33.3%) were in 7<sup>th</sup> standard and similar percentage of them were in the 6<sup>th</sup> and 10<sup>th</sup> standard.
- Almost all of the female children 56(93.4%) were Hindus.
- Almost all the female children 58(96.7%) stayed with their parents and all of them 60(100%) were friends with parents or grandparents.
- Most of female children 48(80%) spent more than 3 hours with their parents.
- More or less similar percentage of children 22(36.7%) went to school by school bus and 20(33.3%) went in their own vehicle along with parents.
- Most of the female children 51(85%) had no previous knowledge regarding sexual abuse.
- Among the children who had previous knowledge regarding sexual abuse (n=9), majority of them 5(55.6%) gained from newspapers and magazines.
- Most of the parents such as 21(35%) of fathers and 23(38.3%) of mothers have high school education.
- Majority of mothers 42(70%) were unemployed and fathers 25(41.6%) were doing own business.

- Majority of female children 36(60%) belonged to nuclear family, 24(40%) of them to joint family.
- Majority of them 45(75%) were from urban area and 15(25%) from rural area.

#### **To assess the existing knowledge on prevention of sexual abuse among the female children**

The pre test level of knowledge regarding prevention of sexual abuse shows that 48(80%) female children have inadequate knowledge regarding the sexual abuse, 12(20%) have moderately adequate knowledge and none of them have adequate knowledge regarding sexual abuse.

The present study was supported by a survey conducted by **Kulesh Thapa, (2006)** to assess the knowledge attitude and practice regarding child abuse among the school children between 11-18 years in Nepal. Primary and secondary data was collected through interview schedule more than 1041 children participated in the study. The overall response pattern shows that the children 265 (54%) had only a moderate level of awareness about child abuse.

#### **To determine the effectiveness of structured teaching programme on knowledge regarding prevention of sexual abuse among the female children.**

During the posttest 34(56.7%) female children had moderately adequate knowledge and 26(43.3%) had adequate knowledge. A highly significant difference found between the pre and post test scores of level of knowledge in all the areas and in the overall level of knowledge ( $t=15.8$ ). This reveals that structured teaching programme was effective in increasing the knowledge regarding prevention of sexual abuse among the female children at  $p<0.001$  level.

The present study was supported by **Williams, K.J (2007)** who conducted a study to assess the effectiveness of school based teaching programmes to improve the

knowledge regarding sexual abuse and self protective behaviors among school children. 50 trails was measured by using the knowledge based questionnaire, vignette-based knowledge and disclosure of abuse. The pre test knowledge score was poor among the school children 18(36.32%) but after the teaching programme the level of knowledge 34(78.12%) increased and which is highly significant ( $t=12.56$ ). The school based teaching programme was a gainful experience for the children.

**To associate the knowledge regarding prevention of sexual abuse among the female children and their selected demographic variables**

In this study, there was no significant association between the posttest level of knowledge of school children and their selected demographic variables. Hence it can be interpreted that the difference in mean score of posttest related to the demographic variables were not true difference and only by chance and the research hypothesis  $H_2$  was rejected. (P 0.05 level)

The present study was supported by **Christine, M. (2003)** who conducted a survey to assess the emotional status of Sexually Abused Children and their mothers in Darjeeling with the objective to associate the knowledge and demographic variables. 44 mothers with their children participated in the study. The study reveals that there was no relationships were found between ethnicity, social status, gender of the child or age of the child and knowledge regarding child sexual abuse.

**Summary:**

This chapter dealt with discussion of the study with the difference of objectives and supportive study.

## **CHAPTER - VI**

### **SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS**

This chapter consists of summary, conclusion, and implications in nursing service, nursing education, nursing administration and nursing research and recommendations for further study.

#### **Summary:**

A pre-experimental (one group pre test - post test) study was conducted at Sri Vidya Mandir Matriculation Higher secondary school, Kondalampatty, Salem to assess the effectiveness of structured teaching programme on knowledge regarding prevention of sexual abuse among female children. Widenbach's Helping Art of Clinical Nursing model was used as the conceptual frame work for the study. 60 students were selected by systematic random sampling technique and 5 students in 4 groups in each day trained for three consecutive days. A semi structured questionnaire was used to assess the pre test and post test score on effectiveness of structured teaching programme for increasing the level of knowledge among female children regarding the prevention of sexual abuse.

#### **The Major findings are summarized as follows,**

- 29(50%) were in the age group of 12-14 years.
- 20(33%) were in the seventh standard.
- Majority of the female children 35(52%) had attained menarche.
- Most of female children 56(94%) were Hindus.
- Most of them 58(96.7%) staying with parents and have friendly communication with them.
- 22(36.7%) of them go to school by school bus.

- Most of them 51(85%) had no previous knowledge regarding the prevention of sexual abuse.
- Distribution of children according to the pre test level of knowledge regarding prevention of sexual abuse, shows that 48(80%) of them had inadequate knowledge and 12(20%) had moderately adequate knowledge and none of them had adequate knowledge.
- Distribution of school children according to their level of knowledge on structured teaching programme depicts that, during post-test 26(43.3%) have adequate knowledge, 34(56.7%) had moderately adequate knowledge and none of them had inadequate knowledge.
- Highly significant ( $P < 0.001$  level) difference found between pre and post test scores of level of knowledge in all the areas and in the overall level of knowledge.
- There is no significant association between the level of knowledge of school children and their selected demographic variables.

### **Conclusion:**

The study was conducted to assess the Effectiveness of structured teaching programme on knowledge regarding prevention of sexual abuse among female children in a selected school, Salem. The findings of the study showed that the structured teaching programme was effective in improving the level of knowledge. There was no significant association found between the level of knowledge of female children regarding prevention of sexual abuse with their selected demographic variables. This will also help the health care professional to develop their knowledge. The structured teaching programme is a proven method to improve the knowledge so the health care professionals can use this method of teaching in educating the children

to facilitate the healthy growth and development and healthy practices in day to day activities.

**Implications:**

The health of children reflects the prosperity of the nation. A large number of diseases could be prevented with little or no medical interventions if people are adequately informed about the likely complications and encouraged to take necessary precautions in time. The present study helps to prevent sexual abuse among the female children through structured teaching programme.

**Nursing Practice:**

- Nurses can teach children on other health habits such as hazards of plastic use, road safety, oral hygiene, environmental hygiene.
- School health nurses can teach the school children with the help of structured teaching programme on prevention of sexual abuse.
- Training programme can be arranged for school teachers in order to emphasize the healthy life style to the students.

**Nursing Education:**

- The concept of sexual abuse and its prevention can be incorporated in the curriculum.
- Nurse educator should take the initiative to conduct education programme regarding the sexual abuse and its prevention.
- Motivate the students to update the knowledge regarding the measures to prevent the sexual abuse.

**Nursing Administration:**

- The nurse administrator coordinates her work along with the school teachers, to encourage them to teach the children in the schools.

- Nursing administrator should organize educational programme such as workshops, seminars regarding prevention of sexual abuse especially among the female children and parents.
- Nurse administrator can participate in formulating policies for implementation of structured teaching programme.
- Provide opportunities for school health nurse to attend training programme.

#### **Nursing Research:**

- Educational institution and service organization can motivate researchers for implementing structured teaching programme on various topics related to health of school children.
- The findings can be used as evidence based practice by school health nurse to increase awareness among school children.
- Disseminate the research findings on effect of structured teaching programme through conferences, seminar and by publishing the article in nursing journals and national and international journals.

#### **Recommendations:**

- A comparative study can be conducted between urban and rural school children.
- A similar study can be done by using various teaching methods.
- A study can be conducted among parents and in community areas.
- A descriptive study can be conducted on incidence of children with sexual abuse.
- A structured teaching programme can be conducted on various types of abuses and measures to prevent it.

#### **Summary:**

This chapter dealt with summary, conclusion, implications for nursing practice and recommendations.



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## **ANNEXURE - A**

### **LETTER SEEKING PERMISSION TO CONDUCT A RESEARCH STUDY**

From

Ms.Gincy Jose,  
Final year M.Sc.(N),  
Sri Gokulam college of Nursing,  
Salem.

To

The Principal,  
Sri Gokulam college of Nursing,  
Salem.

Respected Madam,

**Sub: Permission to conduct Research Project–request- reg.**

I, **Ms. Gincy Jose**, Final year M.Sc(N) student of Sri Gokulam college of Nursing is conducting research project in partial fulfillment of “The Tamilnadu Dr.M.G.R. Medical University, Chennai” as part of the requirement for the award of M.Sc(N). Degree.

**Topic: “A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Prevention of Sexual Abuse among Female Children in a Selected School, Salem”**

I wish to seek permission to conduct the research study at Sri Vidya Mandir Matriculation Hr.Sec. School and St.Joseph’s Matriculation Hr.Sec. School, Salem.

Kindly do the needful.

Thanking you.

Date:

Yours sincerely,

Place: Salem

**( Ms. Gincy Jose)**

## ANNEXURE – B

### LETTER REQUESTING TO CONDUCT A RESEARCH STUDY



**SRI GOKULAM COLLEGE OF NURSING**

3/836, Periyakalam, Neikkarapatti, Salem - 636 010.

Phone : 0427 - 6544550, 2272240, 2272250 Fax : 0427 - 2270200, 2447077

Email : sgcon2001@yahoo.com, sgcon2001@gmail.com

Date : .....12.07.2013.....

#### LETTER REQUESTING TO CONDUCT A RESEARCH STUDY

To

The Principal,

Sri Vidya Mandir Matric Hr.Sec.School,

Kondalampatti,

Salem.

Respected Sir / Madam,

**Sub: Permission to Conduct Research Project – Request – Reg.**

This is to introduce **Ms. Gincy Jose**, Final Year M.Sc (N) student of Sri Gokulam College of Nursing. She is to conduct a research project which is to be submitted to "The Tamilnadu Dr M.G.R. Medical University, Chennai" in partial fulfilment of university requirement for the award of M.Sc (N) Course.

**Topic: "A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Prevention of Sexual Abuse among Female Children in a Selected School, Salem".**

I request you to kindly permit her to conduct the research study at Sri Vidya Mandir Matriculation Hr.Sec. School, Salem. She will abide by the rules and regulation.

Kindly do the needful.

Thanking you,

Yours Sincerely,

Date: 12.07.2013

Place: Salem

(Dr.K.Tamizharasi)

PRINCIPAL

Sri Gokulam College of Nursing  
SALEM - 636 010.

To  
VP

23/8/13

Handwritten signature  
23/7/13

5/8  
12/8  
13/8  
14/8

22/8  
23/8

nothing 10 o'clock  
12am hour.  
from class  
V1 to 7 only  
30/8 received 15  
live students



## SRI GOKULAM COLLEGE OF NURSING

3/836, Periyakalam, Neikkarapatti, Salem - 636 010.  
Phone : 0427 - 6544550, 2272240, 2272250 Fax : 0427 - 2270200, 2447077  
Email : sgcon2001@yahoo.com, sgcon2001@gmail.com

Date : .....12.07.2013.....

### LETTER REQUESTING TO CONDUCT A RESEARCH STUDY

To

The Principal,  
St. Joseph Matric Hr. Sec. School,  
Salem.

Respected Sir / Madam,

**Sub: Permission to Conduct Research Project – Request – Reg.**

This is to introduce **Ms. Gincy Jose**, Final Year M.Sc (N) student of Sri Gokulam College of Nursing. She is to conduct a research project which is to be submitted to "The Tamilnadu Dr M.G.R. Medical University, Chennai" in partial fulfilment of university requirement for the award of M.Sc (N) Course.

**Topic: "A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Prevention of Sexual Abuse among Female Children in a Selected School, Salem".**

I request you to kindly permit her to conduct the research study at St. Joseph's Matriculation Hr. Sec. School, Salem. She will abide by the rules and regulation.

Kindly do the needful.

Thanking you,

Date: 12.07.2013

Place: Salem

Yours Sincerely,

(Dr.K.Tamizharasi)

**PRINCIPAL**  
Sri Gokulam College of Nursing  
SALEM – 636 010.



## **ANNEXURE - C**

### **LETTER REQUESTING OPINION AND SUGGESTIONS OF EXPERTS FOR CONTENT VALIDITY OF THE RESEARCH TOOL**

From

Ms.Gincy Jose,  
Final Year M.Sc., (N)  
Sri Gokulam College of Nursing,  
Salem, Tamil Nadu.

To,

(Through proper channel)

Respected Sir/ Madam,

**Sub: Requesting opinion and suggestions of experts for establishing  
content validity of the tool.**

I **Ms. Gincy Jose. N**, II Year M.Sc., (Nursing) student of Sri Gokulam College of Nursing, Salem, have selected the below mentioned Statement of the Problem for the research study to be submitted to The Tamil Nadu Dr. M.G.R. Medical University, Chennai as partial fulfillment for the award of Master of science in Nursing.

**Topic: “A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Prevention of Sexual Abuse among Female Children in a Selected School, Salem”**

I request you to kindly validate the tool developed for the study and give your expert opinion and suggestion for necessary modifications.

Thanking you,

Place : Salem

Yours sincerely,

Date :

Ms. Gincy Jose

Enclosed:

1. Certificate of validation
2. Criteria checklist of evaluation of tool
3. Tool for collection of data
4. Content of sexual abuse and its prevention

## ANNEXURE - D

### TOOL FOR DATA COLLECTION

#### SECTION – I DEMOGRAPHIC DATA

Sample no:\_\_\_\_\_

**Instructions:** Please read the instructions carefully and respond to the item by placing tick mark in the appropriate space provided. The information provided by you will be kept confidential and used only for project work.

1. Age ( in years)

- |          |       |
|----------|-------|
| a) 10-12 | [   ] |
| b) 12-14 | [   ] |
| c) 14-16 | [   ] |

2. Class of studying

- |                              |       |
|------------------------------|-------|
| a) 6 <sup>th</sup> standard  | [   ] |
| b) 7 <sup>th</sup> standard  | [   ] |
| c) 8 <sup>th</sup> standard  | [   ] |
| d) 9 <sup>th</sup> standard  | [   ] |
| e) 10 <sup>th</sup> standard | [   ] |
| f) 11 <sup>th</sup> standard | [   ] |

3. Attained menarche

- |        |       |
|--------|-------|
| a) Yes | [   ] |
| b) No  | [   ] |

4. Religion

- |              |       |
|--------------|-------|
| a) Hindu     | [   ] |
| b) Muslim    | [   ] |
| c) Christian | [   ] |

5. Type of family

- |             |     |
|-------------|-----|
| a) Nuclear  | [ ] |
| b) Joint    | [ ] |
| c) Extended | [ ] |

6. Residence

- |          |     |
|----------|-----|
| a) Urban | [ ] |
| b) Rural | [ ] |

7. Education of parents

father

mother

- |                      |     |     |
|----------------------|-----|-----|
| f) Graduate          | [ ] | [ ] |
| g) Pre degree        | [ ] | [ ] |
| h) High school       | [ ] | [ ] |
| i) Middle school     | [ ] | [ ] |
| j) Elementary school | [ ] | [ ] |
| k) Illiterate        | [ ] | [ ] |

8. Occupation of parents

father

mother

- |                        |     |     |
|------------------------|-----|-----|
| a) unemployed          | [ ] | [ ] |
| b) daily wager         | [ ] | [ ] |
| c) Private Employee    | [ ] | [ ] |
| d) Government Employee | [ ] | [ ] |
| e) Business            | [ ] | [ ] |

9. Staying with

- |                        |     |
|------------------------|-----|
| a) Parents             | [ ] |
| b) Grand parents       | [ ] |
| c) Any other relatives | [ ] |

10. Hours spend by female children with their parents or grand parents

- a) Less than 3 hours [ ]
- b) More than 3 hours [ ]
- c) No time [ ]

11. Communication of female children with their parents or grand parents

- a) Friendly [ ]
- b) Unfriendly [ ]

12. Mode of transport to the school

- a) Walking [ ]
- b) Local bus [ ]
- c) Autorickshaw [ ]
- d) Own vehicle [ ]
- e) School bus [ ]

13. Any previous information regarding prevention of sexual abuse

- a) Yes [ ]
- b) No [ ]

13.1 If yes, source of information

- a) Health professionals [ ]
- b) Family members [ ]
- c) Electronic media( television or internet) [ ]
- d) Newspaper or magazines [ ]
- e) Friends [ ]

## SECTION – II

### **Semi Structured Questionnaire on Prevention of Sexual Abuse among female children**

**Instructions:** Please read the statements carefully and respond to the items by placing “tick mark” against any one item which you feel a correct to the appropriate space provided. The information provided by you will be kept confidential and used only for project work

#### **Part – A: Introduction and incidence of sexual abuse**

1. Child sexual abuse is meant by
  - a) Hugging and touching the child’s private parts [ ]
  - b) Talking to the child [ ]
  - c) Looking and laughing to the child [ ]
2. Sexual abuse is a
  - a) Criminal and punishable offence [ ]
  - b) Not a crime [ ]
  - c) Crime but no punishment [ ]
3. Children exposed to sexual abuse are
  - a) Girls [ ]
  - b) Boys [ ]
  - c) Both [ ]
4. The age group who are at greater risk for sexual abuse are
  - a) 6-10 years [ ]
  - b) 11-16 years [ ]
  - c) 20-25 years [ ]

5. The victims of sexual abuse are mostly
- a) School children [ ]
  - b) Teachers [ ]
  - c) Parents [ ]

**Part- B: Forms of sexual abuses**

6. Among the following data which will be a case of sexual abuse
- a) Sexual activity with family members [ ]
  - b) Beating the child [ ]
  - c) Looking at the child [ ]
7. Publishing the photographs of child in media involving sexual acts is
- a) sexual abuse [ ]
  - b) physical abuse [ ]
  - c) Not an abuse [ ]
8. Using children in sexual activities for money or any profit is
- a) physical abuse [ ]
  - b) Not an abuse [ ]
  - c) Sexual abuse [ ]
9. Incidence rate of child sexual abuse has increased due to
- a) Poverty [ ]
  - b) Lack of parental guidance [ ]
  - c) Peer influence [ ]
10. The rate of sexual abuse is more due to the influence of
- a) Mass media [ ]
  - b) Education [ ]
  - c) Friends [ ]

**Part – C : cause of child sexual abuse**

11. The offenders of most of the cases of child sexual abuse are

- a) Known person to the child [ ☐ ]
- b) Unknown person to the child [ ☐ ]
- c) Parents [ ☐ ]

12. The children who are more prone into sexual abuse are

- a) Economically well [ ☐ ]
- b) Intelligent students [ ☐ ]
- c) Isolated and emotionally disturbed children [ ☐ ]

**Part - D: Effects of sexual abuse**

13. The effect of sexual abuse in children will cause

- a) Fever and chills [ ☐ ]
- b) Depression and anxiety [ ☐ ]
- c) Throat pain [ ☐ ]

14. The sexually abused victims are more prone to get

- a) Infections [ ☐ ]
- b) Fever [ ☐ ]
- c) Allergic reaction [ ☐ ]

15. The child who has suffered from abuse will be

- a) Poor in school performance [ ☐ ]
- b) Social with peers [ ☐ ]
- c) Active in class activities [ ☐ ]

**Part – E: Prevention of sexual abuse**

16. Reporting of sexual abuse be done to

- a) Teacher [ ☐ ]
- b) Friend [ ☐ ]
- c) Neighbour [ ☐ ]

17. When a child become alone in a shop, the child should

- a) Inform to security [ ☐ ]
- b) Try to go to home alone [ ☐ ]
- c) Sit and cry [ ☐ ]

18. When an unknown person offers any gift, the child should

- a) Get it [ ☐ ]
- b) Inform to parents [ ☐ ]
- c) Not receive the gift [ ☐ ]

19. The child should share her problems to

- a) Relatives [ ☐ ]
- b) Parents [ ☐ ]
- c) Neighbours [ ☐ ]

20. If any internet friend wants to meet the child, she should

- a) Go and meet him [ ☐ ]
- b) Inform parents [ ☐ ]
- c) Inform to friends and go along with them [ ☐ ]

21. When an unknown person invites to take photograph with child, she should

- a) Inform to friends and invite them also for taking photo [ ☐ ]
- b) Pose for photo [ ☐ ]
- c) Say 'NO' [ ☐ ]



22. If an unknown person wants to make friendship with the child, she should
- a) Be friend with him [ ☐ ]
  - b) Inform to teacher and parents [ ☐ ]
  - c) Tell to friends and introduce them to him [ ☐ ]
23. If the child has any experience of sexual abuse while travelling to school, she should
- a) Sit quietly [ ☐ ]
  - b) Raise her voice and call for help [ ☐ ]
  - c) Move away from that place [ ☐ ]
24. If a person threatens with photographs to do something, the child should
- a) Inform to parents [ ☐ ]
  - b) Do whatever he says [ ☐ ]
  - c) Avoids him [ ☐ ]
25. When going out to a new place, one should carry
- a) A card including full name, phone number and address [ ☐ ]
  - b) Mobile phone [ ☐ ]
  - c) Laptop [ ☐ ]
26. If the child gets mails and pictures get from an unknown person, she will
- a) Reply back [ ☐ ]
  - b) Delete it [ ☐ ]
  - c) Inform to parents [ ☐ ]
27. The most easiest way to prevent sexual abuse is
- a) Do not allow the child to go out [ ☐ ]
  - b) Educating the children [ ☐ ]
  - c) Peer interaction [ ☐ ]

## SCORING PROCEDURE

### Interpretations:

Each correct response carries 1 mark.

Each wrong response carries 0 mark.

LEVEL OF KNOWLEDGE	MARKS	PERCENTAGE
Inadequate	1-12	< 44%
Moderately adequate	13-19	45 – 70%
Adequate	20– 27	71 – 100%

### KEY:

QUESTION NO.	ANSWER	QUESTION NO.	ANSWER
1	a	15	a
2	a	16	a
3	c	17	a
4	b	18	b
5	a	19	b
6	a	20	c
7	a	21	c
8	a	22	b
9	b	23	b
10	a	24	a
11	a	25	a
12	c	26	c
13	b	27	b
14	a		

# **LESSON PLAN ON SEXUAL ABUSE**

## **ANNEXURE - E**

### **LESSON PLAN ON SEXUAL ABUSE**

NAME OF THE STUDENT TEACHER	: GINCY JOSE
TOPIC	: PREVENTION OF CHILD SEXUAL ABUSE
GROUP	: SCHOOL AGE FEMALE CHILDREN.
DURATION	: 20 MINUTES
METHOD OF TEACHING	: POWER POINT PRESENTATION
MEDIUM OF TEACHING	: ENGLISH
A.V AIDS	: POWER POINT SLIDE
PLACE	: MATRICULATION HIGHER SECONDARY SCHOOLS, SALEM

## **CENTRAL OBJECTIVES:**

At the end of the class the children will be able to understand about the sexual abuse and gain adequate knowledge on prevention of sexual abuse and develop a positive attitude and skill towards the prevention of sexual abuse.

## **SPECIFIC OBJECTIVES**

At the end of the class the children are able to,

- define sexual abuse.
- enumerate the incidence rate of sexual abuse.
- list down the types of sexual abuse.
- determine the characteristics of the abusers and the victims.
- describe the methods used to convince children into the sexual activity.
- list out the reporting personnel of the suspected sexual abuse.
- state the signs and symptoms of sexual abuse.
- discuss the management of sexual abuse.
- explain the prevention of child sexual abuse.

<b>Time</b>	<b>Specific Objectives</b>	<b>Content</b>	<b>Teacher's Activity</b>	<b>Learner's Activity</b>	<b>Av Aids</b>	<b>Evaluation</b>
2 min		<p><b>INTRODUCTION</b></p> <p>Sexual abuse is one of the most devastating type of child maltreatment which can have consequences for a child, with both immediate and long-term impacts on his or her health and well-being. It is a serious crime, a violation of the human rights. Children who have been sexually abused have the right to be protected from further harm and provided with the supports. Most of the Child sexual abuse cases can go unreported because of feelings of shame and wanting to keep the abuse secret, fear of further abuse or being removed from the home. There are many interventional programmes against child sexual abuse even though the incidence rate is more.</p>	Introducing the topic	Ready to listen		

Time	Specific Objectives	Content	Teacher's Activity	Learner's Activity	Av Aids	Evaluation
2 min	Define sexual abuse	<b>DEFINITION</b> <p>Sexual abuse is defined as the involvement of dependent, developmentally immature children and adolescents in sexual activities, that which they do not fully comprehend, to which they are unable to give informed consent, or that have violated the social taboos of family roles.</p>	Defining sexual abuse		Power point slides	What is meant by sexual abuse?
1min	Enumerate the incidence rate of the sexual abuse	<b>INCIDENCE</b> <p>The child sexual abuse constitutes approximately 10% of officially sustained child maltreatment cases. Now a days not only the girls, boys are also at risk for sexual abuse. The incidence shows more than 53% children report facing one or more forms of sexual abuse. 50% of sexual offenders were known to the victim or were in positions of trust (family member, close relative, friend or neighbour). Severest sexual</p>	Explaining the incidence of sexual abuse	Listening		

Time	Specific Objectives	Content	Teacher's Activity	Learner's Activity	Av Aids	Evaluation
1min	List down the forms of sexual abuse	<p>abuse found in age group of 11-16years.</p> <p><b>FORMS OF SEXUAL ABUSE</b></p> <ol style="list-style-type: none"> <li>1. <b>Incent:</b> Any physical sexual activity between family members.(abusers can include step-parents, unrelated siblings, grandparents, uncles, and aunts)</li> <li>2. <b>Molestation:</b> Indecent liberties, such as touching, fondling, kissing etc.</li> <li>3. <b>Exhibitionism:</b> Exposure of the genitalia by adult male to child or women</li> <li>4. <b>Child pornography:</b> Arranging and photographing, in any media, sexual acts involving children.</li> <li>5. <b>Child prostitution:</b> Involving children in sexual acts for money or any profit.</li> </ol>	<p>Listing out the forms of sexual abuse</p>	Listening	Powerpoint slides	List out three forms of sexual abuse
3min	Determine the characteristics	<p><b>CHARACTERISTICS OF ABUSERS AND VICTIMS</b></p>	Describing the characteristics of abusers and the	Clearing the doubts	powerpoint slides	Which are the two main



Time	Specific Objectives	Content	Teacher's Activity	Learner's Activity	Av Aids	Evaluation
	of abusers and the victims	<ol style="list-style-type: none"> <li>1. The offenders can come from all levels of the society.</li> <li>2. 80% of the abusers are adults and 20% are adolescents and pre adolescents.</li> <li>3. Mostly the sexual abuse is committed by men and the person known to the child and the family members.</li> <li>4. The offenders are often employed in or volunteer for positions that bring them into contact with the young children such as teaching or coaching.</li> <li>5. Most of them hold full-time job, are active in community affairs, and not have any prior criminal records.</li> </ol> <p><b>At risk victims include</b></p> <ol style="list-style-type: none"> <li>1. Lack of parental guidance</li> <li>2. Lack of emotional closeness and flexibility</li> </ol>	victims		Powerpoint slides	<p>characteristics of abusers?</p> <p>Point out the two those victims who are at risk of abuse</p>

Time	Specific Objectives	Content	Teacher's Activity	Learner's Activity	Av Aids	Evaluation
2min	Describe the method used to convince children into the sexual activity	<p>3. In a state of social isolation and emotional deprivation</p> <p>4. With communication difficulties</p> <p><b>METHODS USED TO CONVINCE CHILDREN INTO THE SEXUAL ACTIVITY</b></p> <ul style="list-style-type: none"> <li>• The child is offered gifts or privileges.</li> <li>• The adult misrepresents moral standards by telling the child that it is “okay to do”.</li> <li>• Children are threatened physically and psychologically by using photographs.</li> </ul>	Explaining the method used to convince children into the sexual activity			What are the methods used to convince the children into the sexual activity?
1min	List out the professionals required to report the	<p><b>REPORTING PERSONNEL OF THE SUSPECTED CHILD SEXUAL ABUSE</b></p> <ul style="list-style-type: none"> <li>✓ Parents</li> <li>✓ Hospital personnel engaged in</li> </ul>	Enlisting the reporting personnel of suspected child sexual abuse	Questioning	Powerpoint slides	Who all are the reporting personnel of sexual abuse?

Time	Specific Objectives	Content	Teacher's Activity	Learner's Activity	Av Aids	Evaluation
2min	<p>suspected sexual abuse</p> <p>State the signs and symptoms of sexual abuse</p>	<p>administration, care and treatment of minor patients</p> <ul style="list-style-type: none"> <li>✓ Nurse practitioner</li> <li>✓ Physical therapist</li> <li>✓ Professional nurse</li> <li>✓ School health nurse</li> <li>✓ Teachers</li> <li>✓ Social service worker</li> <li>✓ Child help line</li> <li>✓ Police station</li> </ul> <p><b>SIGNS AND SYMPTOMS OF CHILD SEXUAL ABUSE</b></p> <p>The signs and symptoms are classified as two types</p>	<p>Stating the signs and symptoms of sexual abuse</p>	<p>Listening</p>	<p>Powerpoint slides</p>	<p>Point out four signs and symptoms of sexual abuse</p>

Time	Specific Objectives	Content	Teacher's Activity	Learner's Activity	Av Aids	Evaluation
		<p>1. Non specific symptoms</p> <ul style="list-style-type: none"> <li>❖ In school aged children, they have <ul style="list-style-type: none"> <li>➤ Sleep disturbances</li> <li>➤ Change in usual behaviour</li> <li>➤ Poor appetite</li> <li>➤ Change in school performance</li> <li>➤ Depression</li> <li>➤ Excessive fear</li> <li>➤ Anxiety</li> <li>➤ Tics</li> <li>➤ Phobias</li> <li>➤ Fearful avoidance of close contact with others</li> <li>➤ Abdominal pain</li> </ul> </li> <li>❖ Adolescents <ul style="list-style-type: none"> <li>➤ Change in usual behaviour</li> </ul> </li> </ul>		Clearing the doubts	Powerpoint slides	

Time	Specific Objectives	Content	Teacher's Activity	Learner's Activity	Av Aids	Evaluation
		<ul style="list-style-type: none"> <li>➤ Changes in appetite</li> <li>➤ Loss of self-esteem</li> <li>➤ Antisocial behaviour</li> <li>➤ Depression</li> <li>➤ Runaway</li> <li>➤ Abdominal pain</li> <li>➤ Assumed mother's role</li> <li>➤ Drug abuse</li> <li>➤ Avoidance of close contact with others</li> </ul> <p>2. Specific symptoms</p> <ul style="list-style-type: none"> <li>➤ Child shows an early and exaggerated awareness of sex</li> <li>➤ Sedative behaviour towards adults</li> <li>➤ Child reports sexual activity with family members</li> <li>➤ Child is a known victim of other</li> </ul>	Explaining the specific symptoms of sexual abuse	Listening	PowerPoint slides	

Time	Specific Objectives	Content	Teacher's Activity	Learner's Activity	Av Aids	Evaluation
1min	Discuss the management for sexual abuse	<p>type of abuses</p> <ul style="list-style-type: none"> <li>➤ Inflammation of anus and genitalia</li> <li>➤ Perianal bruises and abrasions</li> <li>➤ Vaginal and anal abrasions</li> <li>➤ Girl become pregnant and will not name partner</li> <li>➤ Evidence of semen in clothing (rectal and vaginal area).</li> </ul> <p><b>MANAGEMENT</b></p> <ol style="list-style-type: none"> <li>1. It is a criminal offence and should be reported and investigated by police.</li> <li>2. Treatment will be given according to the type of abuse, age, physical and emotional condition of the victim.</li> <li>3. Medication should be given to prevent the pregnancy if reported within 72 hours.</li> </ol>	Discussing the management for sexual abuse	Listening the class	Powerpoint slides	Explain some of the specific symptoms of sexual abuse?

Time	Specific Objectives	Content	Teacher's Activity	Learner's Activity	Av Aids	Evaluation
8min	Explain the prevention of sexual abuse	<p>4. Prophylactic antibiotic treatment should be started to prevent the sexually transmitted diseases.</p> <p>5. All the victims require psychological support.</p> <p>6. Support the family also.</p> <p><b>PREVENTION</b></p> <p>Prevention of child sexual abuse has two levels such as primary prevention and secondary prevention. The primary prevention of sexual abuse is educating the child related to normal development and sexual behaviour. The secondary prevention includes conducting programmes on child sexual abuse and increasing the awareness on sexual abuse to the children and parents.</p>	Explaining the prevention of child sexual abuse	Questioning the doubts	Powerpoint slides	How we can prevention of sexual abuse?

Time	Specific Objectives	Content	Teacher's Activity	Learner's Activity	Av Aids	Evaluation
		<p><b>PROTECT YOURSELF</b></p> <p><b>Rule 1 - Know Who You Are &amp; Where You Live</b></p> <p>You should carry a card containing the vital information such as your full name, phone number, including area code, address, state etc.</p> <p><b>Rule 2 - Know What To Do When Lost In A Store</b></p> <p>When lost in a shop alone you should find the watch man or find a mother with children. If someone tries to take you outside, you should scream, “Help me, this is not my father (mother, brother or sister). I don’t know them.”</p> <p><b>Rule 3 - Children Must Be Able To Identify Their Body Parts</b></p> <p>Identify the private parts using the correct</p>		<p>Listening and clearing the doubts</p>		<p>Why you should carry identity card?</p> <p>What you should do when an</p>



Time	Specific Objectives	Content	Teacher's Activity	Learner's Activity	Av Aids	Evaluation
		<p>words. Dress properly when you go outside.</p> <p><b>Rule 4 -Check First</b></p> <p>You must check the person first before accepting a gift or going anywhere with anyone, even if that person is someone known to you. Teens must also use this rule of safety before accepting transportation from someone, especially if it is someone they know.</p> <p><b>Rule 5 - Children Must Trust Their Inner Voice, Especially That Yucky Feeling</b></p> <p>You have to say “ Please do not do that” and “I don’t like that” when they feel uncomfortable.</p> <p><b>Rule 6 -Don’t Be Too Polite</b></p> <p>Respect the elders but do not be too polite, even if he or she causes discomfort to you in anyway.</p> <p><b>Rule 7 - No Secrets</b></p> <p>There should be no secrets between you</p>			Powerpoint slides	unknown person give gifts to you?

Time	Specific Objectives	Content	Teacher's Activity	Learner's Activity	Av Aids	Evaluation
		<p>and your parents. You should share your feelings to the parents.</p> <p><b>Rule 8 -Say No and Tell When Touch Is Not OK</b></p> <p>Saying or screaming “No!” is important when you feel uncomfortable or anybody unknown or known touches you.</p> <p><b>Rule 9 -Do Not Give Personal Information Out On the Internet</b></p> <p>Children and teens get a lot of benefit from using the Internet, but they can also be targets of crime.</p> <ol style="list-style-type: none"> <li>Do not give out personal information.</li> <li>Never meet anyone in person that you met online.</li> <li>Never send anyone your photo or your school photo without checking first with a parent/guardian.</li> </ol>				<p>What you would do when an unknown internet friend ask your personal information?</p>

Time	Specific Objectives	Content	Teacher's Activity	Learner's Activity	Av Aids	Evaluation
		<p>d. Always tell a parent/guardian if you receive any e-mails or messages that include inappropriate language and photographs or anything that makes them feel uncomfortable.</p> <p><b>LEGISLATION RELATED TO CHILD SEXUAL ABUSE</b></p> <p>According to our Law sexual abuse is considered as a crime and the offender should get punishment and imprisonment for 7-10 years or more depending on the nature of the crime.</p> <p><b>CONCLUSION</b></p> <p>Even though there are many programmes conducted to reduce the child sexual incidence rate has inclined. The increased influence of the mass media is affecting the life of our children. The Indian legislative system also has so many inadequacies in treating the offenders of the crime which also is a cause for increasing sexual abuse,</p>				

Time	Specific Objectives	Content	Teacher's Activity	Learner's Activity	Av Aids	Evaluation
		so the only way to reduce the abuse is by preparing the individual child against them. So it is our duty to educate our children to react when they feel discomfort and say 'NO' to 'BAD TOUCH'.				

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## ANNEXURE – F


### POWERPOINT SLIDES ON SEXUAL ABUSE



**DEFINITION**

Sexual abuse is defined

- the involvement of developmentally immature children and adolescents in sexual activities
- which they are unable to give informed consent, or that have violated the social taboos of family roles.



**FORMS OF CHILD SEXUAL ABUSE**


1. Incent



**FORMS OF CHILD SEXUAL ABUSE**

2. **Molestation:** Indecent liberties, such as touching, fondling, kissing etc.

3. **Exhibitionism:** Exposure of the genitalia by adult male to child or women




**FORMS OF CHILD SEXUAL ABUSE**

4. **Child pornography :** arranging and photographing, children in any media, sexual acts involving children.




### CHARACTERISTICS OF ABUSERS

1. The offenders can come from all levels of the society.
2. 80 % of the abusers are adults and 20% are adolescents and pre adolescents.
3. Most of them hold full-time job, are active in community affairs, and not have any prior criminal records.




### CHARACTERISTICS OF ABUSERS

4. The offenders are often employed in or volunteer for positions that bring them into contact with the young children such as teaching or coaching




### CHARACTERISTICS OF ABUSERS

5. Mostly the sexual abuse is committed by men and the person known to the child and the family members.



### AT RISK VICTIMS INCLUDE

1. The child with lack of emotional closeness and flexibility



### AT RISK VICTIMS INCLUDE

2. The child with lack of parental guidance



### AT RISK VICTIMS INCLUDE

3. The child with communication difficulties





### AT RISK VICTIMS INCLUDE

1. The child who is in a state of social isolation and emotional deprivation



### METHODS USED TO CONVINCE CHILDREN INTO THE SEXUAL ACTIVITY

1. The child is offered gifts or privileges.



2. The adult misrepresents moral standards by telling the child that it is "okay to do".
3. Children are threatened physically and psychologically by using photographs.



### THE REPORTING PERSONNEL ARE

1. Parents



### THE REPORTING PERSONNEL ARE

2. Teachers





### THE REPORTING PERSONNEL ARE

3. School health nurse



### THE REPORTING PERSONNEL ARE

4. Health personnel engaged in administration, care and treatment of minor illness



### THE REPORTING PERSONNEL ARE

5. doctors



### THE REPORTING PERSONNEL ARE

6. Professional nurse



### THE REPORTING PERSONNEL ARE

7. Social health worker



### THE REPORTING PERSONNEL ARE

8. Physical therapist



## THE CHILD SEXUAL ABUSE CAN ALSO BE REPORTED TO

9. Child help line



## THE REPORTING PERSONNEL ARE

10. Police station



## SIGNS AND SYMPTOMS

☐ Anxiety



## SIGNS AND SYMPTOMS

☐ depression



## SIGNS AND SYMPTOMS

☐ Change in school performance



## SIGNS AND SYMPTOMS

☐ Sleep disturbance



## SIGNS AND SYMPTOMS

- ❑ Tics



## SIGNS AND SYMPTOMS

- ❑ Excessive fear or fearful avoidance of closed ones.



## SIGNS AND SYMPTOMS

- ❑ Poor appetite or Changes in appetite



## SIGNS AND SYMPTOMS

- ❑ Antisocial behaviour



## SIGNS AND SYMPTOMS

- ❑ Drug abuse



## SIGNS AND SYMPTOMS

- ❑ Abdominal pain





## SIGNS AND SYMPTOMS

- ❑ Avoidance of close contact with others



## OTHERS SIGNS AND SYMPTOMS ARE

- ❖ Loss of self-esteem
- ❖ Runaway
- ❖ Assumed mother's role
- ❖ Change in usual behaviour



## PROTECT YOURSELF

### • Rule 1 - Know Who You Are & Where You Live

You should carry a card containing the vital information such as your full name, phone number, including area code, address, state etc.,



### Rule 2 - Know What To Do When Lost In A Store



### Rule 3 – Dress Properly



### Rule 4 -Check First

You must check the person first before accepting a gift or going anywhere with anyone, even if that person is someone known to you. Teens must also use this rule of safety before accepting transportation from someone, especially if it is someone they know.



**Rule 5- Children Must Trust Their Inner Voice,  
Especially That Yucky Feeling**



**Rule 6 -Don't Be Too Polite**

Respect the elders but do not be too polite, even if he or she causes discomfort to you in anyway.

**Rule 7 - No Secrets**

There should be no secrets between you and your parents. You should share your feelings to the parents.



**Rule 8: Say No To Bad Touch**



Call CHILDLINE at 1098 if you see children being sexually abused or exploited.

**Rule 9 -Do Not Give Personal Information Out  
On the Internet**



## **ANNEXURE- G**


### **LIST OF EXPERTS**

- 1. Dr. R. Ramalingam, M.D., DCH, F.A.A.P. (USA)**  
Pediatric Consultant,  
Sri Gokulam Hospital,  
Salem.
- 2. Dr. Babu, MD (NIMHANS),**  
Consultant, Psychiatrist,  
Sri Gokulam Hospital,  
Salem.
- 3. Prof. Dr. K.Maheswari, Ph.D (N).,**  
Vice Principal,  
Vinayaka Mission Annapoorna College of Nursing  
Salem.
- 4. Mrs.C.Kavitha, M.Sc (N).,**  
HOD of Child Health Nursing Dept.,  
Shanmuga College Of Nursing,  
Salem.
- 5. Mrs.N.Viljayalakshmi, M.Sc (N).,**  
Professor,  
KG College Of Nursing,  
Coimbatore.
- 6. Mrs.A.Latha, M.Sc(N).,**  
Associate Professor,  
Department of Child Health Nursing,  
Vivekananda College of Nursing,  
Tiruchengode.
- 7. Mrs.K.Kavitha, M.Sc (N).,**  
Assistant Professor,  
Shri B M Patil College Of Nursing,  
Bijapur.

## ANNEXURE – H

### CERTIFICATE OF VALIDATION

This is to certify that the tool developed by **Ms. Gincy Jose**, Final year M.Sc. Nursing student of Sri Gokulam College of Nursing, Salem (affiliated to The Tamil Nadu Dr. M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled **“A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Prevention of Sexual Abuse among Female Children in a Selected School, Salem”**.

Signature :   
Name :  
Designation : **R. Ramalingam, M.D. D.O.I**  
Reg No: 27922  
Seal : **Sri Gokulam Hospital**  
**SALRM-4**

## CERTIFICATE OF VALIDATION

This is to certify that the tool developed by **Ms. Gincy Jose**, Final year M.Sc. Nursing student of Sri Gokulam College of Nursing, Salem (affiliated to The Tamil Nadu Dr. M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled **“A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Prevention of Sexual Abuse among Female Children in a Selected School, Salem”**.


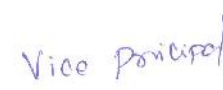
*C. Balu*  
*3/2/13*

Signature with Date  
**Dr. C. BALU C. MOINIMANSI**,  
Consultant Psychiatrist,  
KMC Reg. No: 89733  
**SRI GOKULAM HOSPITAL,**  
3/60, Meyyanur Road,  
SALEM-4



### **CERTIFICATE OF VALIDATION**

This is to certify that the tool developed by **Ms. Gincy Jose**, Final year M.Sc. Nursing student of Sri Gokulam College of Nursing, Salem (affiliated to The Tamil Nadu Dr. M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled **“A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Prevention of Sexual Abuse among Female Children in a Selected School, Salem”**.

Signature :   
Name :  
Designation :   
Seal :

### **CERTIFICATE OF VALIDATION**

This is to certify that the tool developed by **Ms. Gincy Jose**, Final year M.Sc. Nursing student of Sri Gokulam College of Nursing, Salem (affiliated to The Tamil Nadu Dr. M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled **“A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Prevention of Sexual Abuse among Female Children in a Selected School, Salem”**.

Signature : *Karilli*  
Name : *C. Karilli*  
Designation : *Professor cum HOD*  
Seal : *Shamuga*  
*College of Nursing*  
*Salem - 7.*

## CERTIFICATE OF VALIDATION


This is to certify that the tool developed by **Ms. Gincy Jose**, Final year M.Sc. Nursing student of Sri Gokulam College of Nursing, Salem (affiliated to The Tamil Nadu Dr. M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled **“A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Prevention of Sexual Abuse among Female Children in a Selected School, Salem”**.

Signature : *N. Vijayalakshmi*  
Name : *N. Vijayalakshmi*  
Designation : *Professor*  
Seal :




### **CERTIFICATE OF VALIDATION**

This is to certify that the tool developed by **Ms. Gincy Jose**, Final year M.Sc. Nursing student of Sri Gokulam College of Nursing, Salem (affiliated to The Tamil Nadu Dr. M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled **“A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Prevention of Sexual Abuse among Female Children in a Selected School, Salem”**.

Signature :   
Name : *A. Lathe*  
Designation : *Asso. Professor*  
Seal :

### **CERTIFICATE OF VALIDATION**

This is to certify that the tool developed by **Ms. Gincy Jose**, Final year M.Sc. Nursing student of Sri Gokulam College of Nursing, Salem (affiliated to The Tamil Nadu Dr. M.G.R. Medical University) is validated and can proceed with this tool and content for the main study entitled **“A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Prevention of Sexual Abuse among Female Children in a Selected School, Salem”**.

Signature :   
Name : Mrs. KAVITHA K.  
Designation : ABDO. Professor.  
Seal :

## ANNEXURE – I

### CERTIFICATE OF EDITING

#### TO WHOMEVER IT CONCERN

Certified that the dissertation paper titled “A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge regarding Prevention of Sexual Abuse among Female Children in a selected School, Salem.” by Ms.Gincy Jose, has been checked for accuracy and correctness of English language and that the language used in presenting the paper is lucid, unambiguous, free of grammatical/spelling errors and apt for purpose.

Date: 1/1/2014 .

Signature 

Name and designation

Neena Suresh ,  
Higher - Secondary - English Teacher  
Bethany Mary's G.H.S.S. ,  
Ranny - Perunad .  
Pathanamthitta ( D E ) .  
Kerala ( State ) .



## ANNEXURE – J

### FORMULAS USED IN THE STUDY

#### Reliability of the tool

Reliability of the tool was measured by test retest method among 6 female children. This is estimated by administration of tool to five female children at two different occasion.

#### Reliability computed by using the equation:

$$r = \frac{\frac{\sum xy - \sum x \sum y}{n}}{\sqrt{\left[ \frac{\sum x^2 - (\sum x)^2}{n} \right] \left[ \frac{\sum y^2 - (\sum y)^2}{n} \right]}}$$

#### Formula for mean

Formula for mean is

$$\bar{x} = \frac{\sum fx}{N}$$

Here

$\bar{x}$  = mean

x = variable

f = frequency

N =  $\sum f$  = Total frequency

#### Formula for Standard deviation

Formula for standard deviation is

$$\sigma = \sqrt{\frac{\sum x^2}{N} - \left( \frac{\sum x}{N} \right)^2}$$

$\sigma$  = standard deviation

Here N, = Total number of observation

**Formula for paired ‘t’ test:**

$$\text{Test statistics (t)} = \frac{\frac{\bar{d}}{\frac{S}{\sqrt{n}}}}{\sqrt{n}} \sim tn - 1$$

Here,

$$\bar{d} = \frac{\Sigma d}{n}$$

d = x-y, is the difference between the two sample observation.

n = sample size

$$s = \sqrt{\frac{1}{n-1} \Sigma (d - \bar{d})^2}$$

**Test for association of attributes**

$$\text{Test statistics (t}^2) = \sum \frac{(O - E)^2}{E} \sim \chi^2_{(m-1)(n-1)}$$

Here,

‘m’ denotes the number of rows, n denotes the number of columns of m × n

contingency table

‘O’ denotes observed frequency

‘E’ denotes the expected frequency



## ANNEXURE – K

### PHOTOS

